

**RESIDENT CAMP
REGISTRATION FORM 2010**

LIFE FOR YOUTH CAMP

1416 82nd Avenue, Vero Beach, FL 32966
(772) 567-2446

www.lifeforyouthcamp.com

E-mail- info@lifeforyouthcamp.com

PLEASE READ and PRINT CLEARLY

ONE REGISTRATION PER CHILD

(Faxed registrations are not accepted)

Camper's Name- _____

Birth Date: ___/___/___ Gender: MALE or FEMALE Age (as of Sept 1 '10): _____ Grade (Fall of '10): _____

Mailing Address- _____

City- _____ State- _____ Zip- _____

Primary Parent- _____
Email- _____
Work # _____
Cell # _____
Home # _____

Secondary Parent- _____
Email- _____
Work # _____
Cell # _____
Home # _____

Emergency Contact (not self): _____ Relation: _____ Emergency # (____) _____

LFYC Camper in 2009? YES _____ NO _____ Church Attending- _____

(We cannot accept registrations without all phone numbers filled in)

***Eight year old Resident Campers must show a copy of birth certificate or equivalent proof of age when registering.**

CABIN BUDDY INFORMATION:

Resident Camper Buddy Request- _____ (No more than 12 months age difference.) (Choose only one Buddy. Second Buddy requests will not be honored.) (Buddies must request each other) (Requesting <u>does not</u> guarantee a spot for that buddy- they must register according to availability.) Mailing buddies registrations together in same envelope helps.) Cabin Buddy's Birth date ___ / ___ / ___ Age _____ (As of Sept 1, 2010)
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Who has permission to pick up camper? Parents will be added automatically- _____

THIS MUST BE SIGNED

I, the undersigned, have read and understand the camp's registration information and parent's notes listed in the brochure. I give permission for any chaperoned trips from camp. I give permission for LIFE FOR YOUTH CAMP to seek any emergency medical treatment deemed necessary if unable to locate me. It is further agreed that as part of the consideration for the Camp to accept the above-named child and for participation in all camp activities, the Camp shall not be liable for any damages whatsoever in the event of injury, illness, or death of said child by any cause whatsoever, including negligence by the Camp, its directors, and employees therewith of any such liability, and I agree to pay any such damages, and to also pay any attorney's fees and costs of the Camp if any claim is made against the Camp, its directors, or employees. I recognize that this is a Christian camp; that the Bible will be studied, and that camp conduct will be expected to be consistent with Christian values. I agree that any photos/videos taken at camp may be used for promotional materials. I give LFYC staff permission to search backpacks and belongings if need be.

X PARENT or GUARDIAN SIGNATURE _____ **DATE** _____

X WITNESS FOR PARENT or GUARDIAN _____ **DATE** _____

FOR OFFICE USE ONLY

DR ___/___/___	CHK NO _____	AMT _____
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