



Christmas Break Day Camp Registration Form

LIFE FOR YOUTH CAMP

1416 82ND Ave, Vero Beach, FL 32966
(772) 567-2446

www.lifeforyouthcamp.com

Email: info@lifeforyouthcamp.com

(Faxed & emailed registrations are not accepted)

2017

PLEASE PRINT CLEARLY

ONE REGISTRATION PER CHILD

Camper's First Name _____ M.I. _____ Last Name _____

Birth Date: ___/___/___ Gender: MALE or FEMALE Age (as of Dec 31, 2017): _____ Grade (Fall of 2017) _____

Mailing Address _____

City _____ State _____ Zip _____

LFYC Camper in 2017? YES _____ NO _____ School Attending _____

FIVE & SIX year old Day campers must show a copy of birth certificate or equivalent proof of age when registering.

1st Contact (Circle One) Mom Dad Guardian

Name _____

Email _____

Work # _____

Cell # _____

Home # _____

2nd Contact (Circle One) Mom Dad Guardian

Name _____

Email _____

Work # _____

Cell # _____

Home # _____

(WE CANNOT ACCEPT REGISTRATIONS WITHOUTH ALL PHONE NUMBER COMPLETED)

Additional Camper Contacts (Contacts listed above will be added automatically)				
Name	Phone Number	Relationship	Allowed to Pick up	Emergency Contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additions must be made in writing! No Phone Calls!

Parent or Legal Guardian Signature Required

I, the undersigned, have read and understand the camp's registration information and parent's noted 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 is 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 LEGAL GUARDIAN SIGNATURE _____ DATE _____

X WITNESS FOR PARENT OR LEGAL GUARDIAN _____ DATE _____

FOR OFFICE USE ONLY

DR ___/___/___

CK NO _____

AMT _____

- ❖ Please check your school calendar for your child's Christmas schedule.
- ❖ Please read carefully to ensure you choose the correct sessions.
- ❖ A \$10 deposit per session is required to hold your child's space.
- ❖ Your \$10 deposit per session is non-refundable and non-transferable.
- ❖ If you do not pre-register, your child may not ride the bus.
- ❖ Day Camp Center Location: 12th Street entrance located on 12th Street between 74th Ave & 82nd Ave
Drop off time is 7:00 am – 9:00 am. Pick up time is 4:00 pm – 5:30 pm
- ❖ Ft. Pierce Bus Location: Rotary Park South 23rd St. & Virginia Ave
***New Times* Drop off time is 7:45 am. Pick up time is 5:10 pm.**
- ❖ Campers must bring a lunch daily in a gallon size Ziploc with their name and age clearly marked on the bag.

Please initial that you understand the fees and requirements above _____

Christmas Break	Session 1
December 27-29, 2017	
Cost \$75	
Deposit (min. \$10.00 to hold space)	\$ _____
Optional Bus (no additional fee)	
<input type="checkbox"/> FP Bus	
Total enclosed for Christmas Session 1	\$ _____

Christmas Break	Session 2
January 3, 2018	
Cost \$25	
Deposit (min. \$10.00 to hold space)	\$ _____
Total enclosed for Christmas Session 2	
\$ _____	
No bus available	

Christmas Break	Session 3
January 3-5, 2018	
Cost \$75	
Deposit (min. \$10.00 to hold space)	\$ _____
Optional Bus (no additional fee)	
<input type="checkbox"/> FP Bus	
Total enclosed for Christmas Session 3	\$ _____

Total Enclosed \$ _____
