

Resident Camp

LIFE FOR YOUTH CAMP

1416 82nd Ave, Vero Beach, FL 32966

(772) 567-2446

www.lifeforyouthcamp.com

Email: info@lifeforyouthcamp.com

(Emailed & Faxed registrations are not accepted)

2020

Registration Form

PLEASE PRINT CLEARLY

ONE REGISTRATION PER CHILD

Camper's Name: First _____ M.I. _____ Last _____ Medical Form included YES

Birth Date: ___/___/___ Gender: MALE or FEMALE Age (as of Sept 1, 2020): _____ Grade (Fall of 2020) _____

Mailing Address _____

City _____ State _____ Zip _____

LFYC Camper in 2019? YES _____ NO _____ School Attending _____

EIGHT year old campers must show a copy of **birth certificate** or equivalent proof of age when registering.

WE CANNOT ACCEPT REGISTRATIONS WITHOUT ALL PHONE NUMBERS COMPLETED

1 st Contact (Circle One) Mom Dad Guardian
Name _____
Email _____
Work # (____) _____
Cell # (____) _____
Home # (____) _____

2 nd Contact (Circle One) Mom Dad Guardian
Name _____
Email _____
Work # (____) _____
Cell # (____) _____
Home # (____) _____

Additional Camper Contacts (Contacts listed above will be added automatically)

First & Last 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

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 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 agree that I am financially responsible for any and all charges incurred at LFYC. 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 _____

Before registering, please read the **Parent's Notes & Dress Code** in detail located in the Summer Brochure and on our Website

- ❖ All Resident Camp weeks are \$375.00 (\$200 deposit plus \$175 balance due two weeks prior to arrival. Late fee will apply if not paid on time).
- ❖ A \$200 deposit per week is required to hold space.
- ❖ A \$20 Family Registration Fee is due each summer.
- ❖ **Cabin 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 does not guarantee a spot for that buddy- they must register according to availability.
- ❖ You **MUST** turn in a completed Medical Form with your registration form.
- ❖ **Updated Cancellation/Transfer Fees.** Please read the Resident Camp Policy to ensure you are aware of these changes.

No Resident Camp 1
Day Camp Only

Resident Camp 2 June 7-12, 2020

Cost- \$375.00

Deposit Paid (min. \$200.00 to hold space) \$ _____

Total Enclosed for Resident Camp 2 \$ _____

Cabin Buddy Request:
First Name: _____ Last Name: _____
Birthday: _____ Age: _____

Resident Camp 3 June 14-19, 2020

Cost- \$375.00

Deposit Paid (min. \$200.00 to hold space) \$ _____

Total Enclosed for Resident Camp 3 \$ _____

Cabin Buddy Request:
First Name: _____ Last Name: _____
Birthday: _____ Age: _____

Resident Camp 4 June 21-26, 2020

Cost- \$375.00

Deposit Paid (min. \$200.00 to hold space) \$ _____

Total Enclosed for Resident Camp 4 \$ _____

Cabin Buddy Request:
First Name: _____ Last Name: _____
Birthday: _____ Age: _____

Resident Camp 5 June 28-July 3, 2020

Cost- \$375.00

Deposit Paid (min. \$200.00 to hold space) \$ _____

Total Enclosed for Resident Camp 5 \$ _____

Cabin Buddy Request:
First Name: _____ Last Name: _____
Birthday: _____ Age: _____

Camper's Name: _____

No Resident Camp 6
Day Camp Only

Resident Camp 7 July 12-17, 2020

Cost- \$375.00

Deposit Paid (min. \$200.00 to hold space) \$ _____

Total Enclosed for Resident Camp 7 \$ _____

Cabin Buddy Request:
First Name: _____ Last Name: _____
Birthday: _____ Age: _____

Resident Camp 8 July 19-24, 2020

Cost- \$375.00

Deposit Paid (min. \$200.00 to hold space) \$ _____

Total Enclosed for Resident Camp 8 \$ _____

Cabin Buddy Request:
First Name: _____ Last Name: _____
Birthday: _____ Age: _____

Resident Camp 9 July 26-31, 2020

Cost- \$375.00

Deposit Paid (min. \$200.00 to hold space) \$ _____

Total Enclosed for Resident Camp 9 \$ _____

Cabin Buddy Request:
First Name: _____ Last Name: _____
Birthday: _____ Age: _____

Resident Camp 10 Aug 2-7, 2020

Cost- \$375.00

Deposit Paid (min. \$200.00 to hold space) \$ _____

Total Enclosed for Resident Camp 10 \$ _____

DUCK RACE, PICNIC & "SPREAD THE LIGHT CEREMONY"

Cabin Buddy Request:
First Name: _____ Last Name: _____
Birthday: _____ Age: _____

Total Paid for Resident Camp 2-10 \$ _____

Family Registration Fee \$ 20.00

Total Enclosed \$ _____