

Children's Retreat

November 2nd – 3rd, 2018

Life For Youth Camp

What'cha
Waitin'
For???



... “Men of Galilee, why do you stand looking into heaven?”

Acts 1:8-11

Speaker- Cody Cummings

Hi! I'm Cody Cummings and I've been working at LFYC for three summers, two of which I've been on the Bible Team. I was born and raised, and now live in Okeechobee, FL with my wife. At the age of 14 I was saved by God's grace and have been a part of ministry in some way ever since. Ten years later, my passion is still the same, to see God glorified by preaching His gospel. I'm looking forward to this November and asking the question, "What'cha waitin' for!?"



Cost and Information

- ❖ \$50 per student
- ❖ 2nd – 5th Grade Students
- ❖ Includes meals and activities from Friday supper through Saturday lunch
- ❖ Arrival: Nov 2nd from 5:30 pm – 6:00 pm
- ❖ Pickup: Nov 3rd at 5:30 pm

Return Registration with Payment to:
Life For Youth Camp
1416 82nd Ave
Vero Beach, FL 32966

772-567-2446 info@lifeforyouthcamp.com

www.lifeforyouthcamp.com

Children's Pastors, your involvement is encouraged, contact LFYC for details.

What to Expect

- Activities: Go-carts, Rock Wall, Crafts, Waterslides, Boats, Swimming & More
- Campfires
- Competitive Games
- Group Meetings

What'cha Waitin' For???
Elementary Retreat Nov 2nd - 3rd 2018
Weekend Registration Form

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PLEASE PRINT CLEARLY ONE REGISTRATION PER STUDENT

Student's Name: First _____ Last _____
Gender: MALE or FEMALE Birth Date: ____/____/____ Age: _____ Grade (2nd - 5th only): _____
Mailing Address _____
City _____ State _____ Zip _____

Medical Info:

Does Student take medication on a daily basis? If so please list medication and doses: _____

All medication (prescription, "over the counter", vitamins and creams), must be in the original pharmacy labeled container with clear administration instructions and must be turned in to staff upon arrival.
List any known physical, mental, or emotional condition your child may have such as allergies, asthma, diabetes, etc. _____

Cabin Buddy Request- First Name: _____ Last Name: _____
We can only guarantee one Buddy. We will do our best to accommodate other buddy requests.
Requesting does not guarantee a spot for that buddy- they must register according to availability.
Additional Buddy Request _____
Church/Youth Group _____

WE CANNOT ACCEPT REGISTRATIONS WITHOUT ALL PHONE NUMBERS COMPLETED

Contact 1- Name _____
Phone # (____) _____
Email _____
Contact 2- Name _____
Phone # (____) _____

Emergency Contact
Name _____
Phone # (____) _____

Cost & Payment Information:
\$50.00 Payment is due in full at time of registration. Must be registered by October 29th. Cancellations accepted until Oct 29th, a \$10 cancellation fee will be charged.

Parent or Legal Guardian Signature Required

I, the undersigned, have read and understand the camp's registration information. 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 LEGAL GUARDIAN SIGNATURE _____ DATE _____
X WITNESS FOR PARENT OR LEGAL GUARDIAN _____ DATE _____