

# LIFE FOR YOUTH CAMP'S MIDDLE & HIGH SCHOOL WEEKEND RETREATS

MIDDLE SCHOOL JAN 25<sup>TH</sup> – 27<sup>TH</sup>, 2019  
HIGH SCHOOL FEB 1<sup>ST</sup> – 3<sup>RD</sup>, 2019



## Guest Speaker- Paul Turner

Paul Turner has been in youth ministry for 30 years. He currently is a speaker and mentor to other youth pastors through his ministry The Disciple Project. His out of the box thinking gives Paul insight into the tough issues that youth face today. Paul's "Get Fired Up" attitude will ignite students for Christ.

## Cost and Information

- ❖ \$95 per student (\$5 discount if registered by Dec. 31<sup>st</sup>)
- ❖ 6<sup>th</sup> – 12<sup>th</sup> Grade Students
- ❖ Includes meals and activities from Friday supper through Sunday lunch and T-shirt
- ❖ Middle School  
Arrival: Jan 25<sup>th</sup> from 5:30 – 6:30 pm  
Pickup: Jan 27<sup>th</sup> at 1:00 pm
- ❖ High School  
Arrival: Feb 1<sup>st</sup> from 5:30 – 6:30 pm  
Pickup: Feb 3<sup>rd</sup> at 1:00 pm

Registration Deadline: January 18<sup>th</sup>  
Register by Dec. 31<sup>st</sup> for a \$5 discount

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

772-567-2446 [info@lifeforyouthcamp.com](mailto:info@lifeforyouthcamp.com)  
[www.lifeforyouthcamp.com](http://www.lifeforyouthcamp.com)

Youth Pastors, your involvement is encouraged, contact LFYC for details.

## What to Expect

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

**Don't let anyone look down on you because you are young, but set an example for the believers in speech, in conduct, in love, in faith and in purity.**

**1 Timothy 4:12**

# I'M A SUPERMODEL 2019

## WEEKEND REGISTRATION FORM

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**Life For Youth Camp**

1416 82<sup>nd</sup> Ave, Vero Beach, FL 32966  
772-567-2446 [www.lifeforyouthcamp.com](http://www.lifeforyouthcamp.com)  
Email: [info@lifeforyouthcamp.com](mailto:info@lifeforyouthcamp.com)

PLEASE PRINT CLEARLY ONE REGISTRATION PER STUDENT

**Student's Name:** First \_\_\_\_\_ Last \_\_\_\_\_ T-shirt size S M L XL

Gender: MALE or FEMALE Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade (6<sup>th</sup>-12<sup>th</sup> only): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate which session you are registering for:

- Middle School Retreat Jan 25-27, 2019 (Grades 6<sup>th</sup> – 8<sup>th</sup> only)  
 High School Retreat Feb 1-3, 2019 (Grade 9<sup>th</sup> – 12<sup>th</sup> only)

### 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 \_\_\_\_\_

### 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:

\$95.00 (\$5 discount if registered by December 31<sup>st</sup>). Payment is due in full at time of registration. Must be registered by January 18<sup>th</sup>. Cancellations accepted until Jan. 18<sup>th</sup>, 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 \_\_\_\_\_