

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)

2021

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, 2021): _____ Grade (Fall of 2021) _____

Mailing Address _____

City _____ State _____ Zip _____

LFYC Camper in 2020? 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 information on the website. 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 **Resident Camp Parent Information & Dress Code** in detail located on our Website

- ❖ All Resident Camp weeks are \$395.00. Payment in full is due at time of registration.
- ❖ **Camp Sessions are Age Specific. Make sure you are registering your child for an age appropriate session.**
- ❖ **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 Parent Information to ensure you are aware of these changes.

Resident Camp Sessions AGES 8-11 Campers must be entering 3rd-6th Grade

Resident Camp 3 Jr. Chapel Guest Speaker: June 13-18, 2021

Cost- \$395.00 Total Enclosed for Resident Camp 3 \$ _____

Cabin Buddy Request:

First Name: _____ Last Name: _____ Birthday: _____ Age: _____

Resident Camp 5 Jr. Chapel Guest Speaker: June 27-July 2, 2021

Cost- \$395.00 Total Enclosed for Resident Camp 5 \$ _____

Cabin Buddy Request:

First Name: _____ Last Name: _____ Birthday: _____ Age: _____

Resident Camp 8 Jr. Chapel Guest Speaker: July 18-23, 2021

Cost- \$395.00 Total Enclosed for Resident Camp 8 \$ _____

Cabin Buddy Request:

First Name: _____ Last Name: _____ Birthday: _____ Age: _____

Resident Camp Sessions AGES 12-16 Campers must be entering 7th-11th Grade

Resident Camp 2 Sr. Chapel Guest Speaker: June 6-11, 2021

Cost- \$395.00 Total Enclosed for Resident Camp 2 \$ _____

Cabin Buddy Request:

First Name: _____ Last Name: _____ Birthday: _____ Age: _____

Resident Camp 4 Sr. Chapel Guest Speaker: June 20-25, 2021

Cost- \$395.00 Total Enclosed for Resident Camp 4 \$ _____

Cabin Buddy Request:

First Name: _____ Last Name: _____ Birthday: _____ Age: _____

Resident Camp 7 Sr. Chapel Guest Speaker: July 11-16, 2021

Cost- \$375.00 Total Enclosed for Resident Camp 7 \$ _____

Cabin Buddy Request:

First Name: _____ Last Name: _____ Birthday: _____ Age: _____

Resident Camp 9 Sr. Chapel Guest Speaker: July 25-30, 2021

Cost- \$395.00 Total Enclosed for Resident Camp 9 \$ _____

Cabin Buddy Request:

First Name: _____ Last Name: _____ Birthday: _____ Age: _____

Total Enclosed \$ _____