

**SPRING BREAK DAY CAMP
REGISTRATION FORM 2009**

LIFE FOR YOUTH CAMP

1416 82nd Avenue, Vero Beach, FL 32966
(772) 567-2446
www.lifeforyouthcamp.com
E-mail- info@lifeforyouthcamp.com

PLEASE READ and PRINT CLEARLY

ONE REGISTRATION PER CHILD

(Faxed registrations are not accepted)

Camper's Name- _____

Birth Date: ___/___/___ Gender: MALE or FEMALE Age (as of Sept 1 '09): _____ Grade (Fall of '09): _____

Mailing Address- _____

City- _____ State- _____ Zip- _____

Primary Parent- _____
Email- _____
Home # _____
Work # _____
Cell # _____

Secondary Parent- _____
Email- _____
Home # _____
Work # _____
Cell # _____

Emergency Contact: _____ Relation: _____ Emergency # (____) _____

LFYC Camper in 2008? YES _____ NO _____ Church Attending- _____

**FIVE & SIX year old Day Campers must show a copy of birth certificate or equivalent proof of age when registering.
(WE CANNOT ACCEPT REGISTRATIONS WITHOUT THIS BOX AND ALL PHONE NUMBERS COMPLETED)**

<p>DESIGNATED PICKUP LIST</p> <p>My child is permitted to be picked up from camp or the park by the following persons;</p> <p>NOTE: Please list all probable individuals by full name including yourself*</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>*ADDITIONS MUST BE MADE IN WRITING ! NO PHONE CALLS !</p>

THIS MUST BE SIGNED

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 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 GUARDIAN SIGNATURE _____ **DATE** _____

X WITNESS FOR PARENT or GUARDIAN _____ **DATE** _____

FOR OFFICE USE ONLY

DR ___/___/___	CHK NO _____	AMT _____
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- ❖ Please note that there are different school breaks based on your child's county, we will only be running the buses as listed below. Please check your school calendar for your child's Spring Break schedule.
- ❖ A \$10. deposit per week is required to hold space.
- ❖ Your \$10. deposit per week is non-refundable and non-transferable.
- ❖ Extra charge of \$10. per week if bus service is needed.
- ❖ No extra fee if you drop off and pick up your child from camp.
- ❖ The \$10. bus fee is refundable only with two week notice (no exceptions).
- ❖ You MUST choose your arrival and departure when registering.

Please initial that you understand the fees and requirements above _____

Indian River County Spring Break April 6-10 Cost- \$85.00 (plus \$10.00 if bus service needed)	
Deposit Paid (min. \$10.00 to hold space)	\$ _____
Bus Fee (\$10.00 due now to hold space)	\$ _____
Total enclosed for IRC Spring Break	\$ _____
Arrival: VB Bus ___ Dropped off at Camp ___ Depart: VB Bus ___ Picked up at Camp ___	
St. Lucie County Spring Break April 13-17 Cost- \$85.00 (plus \$10.00 if bus service needed)	
Deposit Paid (min. \$10.00 to hold space)	\$ _____
Bus Fee (\$10.00 due now to hold space)	\$ _____
Total enclosed for SLC Spring Break	\$ _____
Arrival: FP Bus ___ Dropped off at Camp ___ Depart: FP Bus ___ Picked up at Camp ___	

Total Enclosed \$ _____
