



CAMP L.I.F.E. Registration Form

Community United Presbyterian Church, 315 North Vine Street, Hartford, IA 50118

Last Name	First Name	Birth Date	Age	Grade	School District

Parent/s Names _____

Street Address _____

City, State & Zip Code _____

Telephone: Home _____ Work _____

Cell _____ Do you send/receive text messages? Yes No (circle one)

Email Address: Home _____ Work _____

Church Affiliation _____

CAMPER PICK UP INSTRUCTIONS

The following people are authorized to pick up my child/ren: _____

EMERGENCY INFORMATION & AUTHORIZATION FOR TREATMENT

Emergency Contact Name _____

Emergency Contact Phone Number _____

(please use cell phone number, if available)

Relationship to child _____

Does your child/ren have any **medical needs** or **allergies** (including food) that may require attention during LOGOS? If yes, please indicate the child's name and need:

In case of medical emergency, Community United Presbyterian Church CAMP L.I.F.E personnel are authorized to take my child to the hospital by ambulance at my expense.

Signature _____

Date _____

REGISTRATION FEES: \$25.00 per student per semester (Fees are due at the beginning of each semester.)

Check here if you would like to be contacted about a CAMP L.I.F.E. scholarship.

Are you receiving the Community United Presbyterian Church newsletter?

Yes

No

If no, would you like to receive it?

Yes

No

CONSENT AND RELEASE / MINOR

I, (print name) _____ hereby give the Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners permission to make and use photographs, video and/or audio recordings of the minor child whose name is _____ of which I am the parent, legal guardian or legally authorized representative.

I understand that the photographs, recordings, image, voice and any quotes may be used for any and all purposes of the Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners including use on their web page, cable and broadcast use without re-submission to me for approval. I understand that third parties accessing the web page can download this material, and I release Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners from any liability to me, my heirs or assigns in connection with or arising out of such downloading by third parties.

By my signature, I hereby certify that this release is fully understood by me and is entirely satisfactory.

Signed: _____ Date: _____

Printed Name: _____

Address: _____ City: _____

State/Zip: _____ Telephone#: _____

Witnessed: _____ Date: _____

FEE PAYMENT RECORD

Semester	Amount Due	Amount Paid	Date Paid	Ck/Cash	Initials
Fall	\$	\$			
	\$	\$			
	\$	\$			
Spring	\$	\$			
	\$	\$			
	\$	\$			