



LIGHTHOUSE CHRISTIAN YOUTH MINISTRY, INC.

A Grace Ministry

Marilyn & Steve Pomeroy

954-943-5633 Fax 954-943-6321

lcymistry@comcast.net or website www.lighthousechristianvouth.org

John 8:12 "Jesus said, 'I am the Light of the world. Whoever follows me will never walk in darkness, but will have the light of life.' "

SOUTH FLORIDA CHRISTIAN YOUTH CAMP

REGISTRATION FORM

(FOR ALL YOUTH 8-20 YEARS OLD)

CAMPER PERSONAL INFORMATION

Last Name First Name Middle Name/Initial

Street Address Check One size: Adult T-Shirt size S\_\_ M\_\_ L\_\_ XL\_\_

Youth T-shirt size M\_\_ L\_\_.

City, State and Zip Code

AGE \_\_\_\_\_

M  F

FAMILY INFORMATION

Parent or Guardian

Street Address if different from camper information above

City, State and Zip

Phone

EMAIL ADDRESS

AUTHORIZATION FOR EMERGENCY TREATMENT

Birth Date \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Any Allergies? YES  NO

If allergies, what are they?

Are there any medical problems?

Current medication taken by camper

Doctor's Name

Phone Number

Comments: \_\_\_\_\_



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### INSURANCE INFORMATION

\_\_\_\_\_  
Policyholder's Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Claim Dept. Phone Number

### EMERGENCY CONTACT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relation to Camper

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Emergency Daytime Phone Number

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

\_\_\_\_\_  
Emergency Evening Phone Number

### RESPONSIBILITY AGREEMENT PLEASE READ CAREFULLY AND SIGN BELOW

Camper's Name: \_\_\_\_\_

As parent /guardian/or adult camper:

- 1) I understand I am responsible for any damage to the camp cabins and buildings, campgrounds, or personal property of other campers or staff caused by said camper and I will be held financially accountable for such actions;
- 2) I understand *Lighthouse Christian Youth Ministry, Inc.* reserves the right to dismiss campers who disregard camp policy or who are found in possession of alcohol, drugs or weapons and that I am responsible for any costs associated with transporting said camper home immediately upon notification of dismissal;
- 3) I understand that **fees** for campers can be paid on or before May 15th.  
**Cost for camp including all rooms and food for 4 days is \$170.00 per camper.**  
**Make checks payable to: *Lighthouse Christian Youth Ministry, Inc.*, and mail to 2900 NE 33<sup>rd</sup> Street, Lighthouse Point, FL 33064 or fax registration forms to 954-943-6321.**  
**Camp fees are NOT required if you DO NOT have the finances to pay, however, ANY donation you can afford is welcome anytime before or during camp.** All fees and donations collected go to support camp costs and/or to support the ministries of the guest pastor/teachers/evangelists and *Lighthouse Christian Youth Ministry, Inc.* **PLEASE RETURN THIS FORM BY May 15th!**
- 4) I authorize *Lighthouse Christian Youth Ministry, Inc.* or any member of their voluntary staff to arrange emergency medical care necessary to preserve the health and well being of said camper. I release *Lighthouse Christian Youth Ministry, Inc.*, its council and staff from any liability resulting from any such decision. I further agree to assume responsibility for any costs associated with medical care for said camper.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (18 years or older may sign for themselves)

**MINISTRY USE ONLY** Date payment received: \_\_\_\_\_

Office Notes: \_\_\_\_\_