

**Lake Yale Registration & Health Form**  
**July 27 – August 1, 2009**  
**STAFF FORM**

(This registration is valid with Activities & Medical Release Form completed and three signatures.)  
 This camp is racially nondiscriminatory.

**Church code#** \_\_\_\_\_

**Church:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_

This form is to be completed by the **parent or guardian** if camper is under 18. Please return **Registration Card with Registration Fee** to your Pastor or Camp coordinator before the deadline.

**CAMPER Name** \_\_\_\_\_ **M/F** \_\_\_\_\_

**Birthdate** \_\_\_/\_\_\_/\_\_\_ **Next Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **FL.**

**Zip** \_\_\_\_\_

**Home Phone#** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Emergency Notification:**

**Parent/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Work Phone#** \_\_\_\_\_ **Cell#** \_\_\_\_\_ **Pager#** \_\_\_\_\_

**Registration Information:**

1. Please make checks payable to **your church**.
2. Cancellations are nonrefundable, but are transferable within a church.
3. Return this registration form with your **Background Check Form** to your church coordinator.  
 Churches must have registrations in by deadline.

**Registration Deadline: April 30, 2007**

**Registration Fees:**

<b>Staff Position</b>	<b>Accommodations</b>	<b>Paid</b>
Adult (Teens/Kidz)	Staff Housing	\$195 _____
Youth (6 <sup>th</sup> – 12 <sup>th</sup> grade) Dorm Leaders	Dormitory	\$195 _____
Children (2 <sup>nd</sup> – 5 <sup>th</sup> grade) Dorm Leaders	Dormitory	\$195 _____
Preschoolers (3yrs-K5)	Staff Housing	\$195 _____

**T-Shirts: (Circle size) Adult: S M L XL 2X**

**(TURN OVER)**

**Staff Declaration:**

**I will fully cooperate with the Camp Directors, abide by the Camp rules and conduct myself so as not to discredit my parent(s), my church, or myself. I understand that the breaking of and/or defiance of camp rules could result in being dismissed from camp.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE: A Background Check Form must be submitted with this registration!**

**Pastor's Recommendation:** I recommend this camper to Camp Lake Yale as one who will cooperate with the Camp staff, rules and program.

**Pastor's Endorsement** \_\_\_\_\_ **Date** \_\_\_\_\_

**(To be filled out by Pastor)** Does your church currently have activities insurance? Yes \_\_\_ No \_\_\_

Church Insurance Carrier \_\_\_\_\_

Policy# \_\_\_\_\_

**PASTOR/Camp Coordinator: Please send all registrations along with ONE CHURCH Check made out to *Florida District***

Mail to: Real Life Church  
Cindy Berry, Registrar  
6821 W Waters Ave  
Tampa, FL 33634.

If you have any questions please contact Cindy at 813-404-8353 or email at [iluvtopraisehim11@yahoo.com](mailto:iluvtopraisehim11@yahoo.com).

**Thank You!**