



# CAMP L.I.F.E. Guest Registration Form

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

\_\_\_\_\_ will be a guest of \_\_\_\_\_ at  
(Name of guest) (Name of sponsoring camper)  
CAMP L.I.F.E. on \_\_\_\_\_. School grade of guest \_\_\_\_\_  
(date)

**Guest Registrations** are due upon arrival at CAMP L.I.F.E.

**Meal Reservations** for guests must be made by the Saturday prior to the date the guest will be visiting. Please call (515) 989-3426 to make a meal reservation. If you leave a message, your meal reservation will be confirmed.

Parent/s Names \_\_\_\_\_

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

City, State & Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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 CAMP L.I.F.E.? 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 \_\_\_\_\_

**GUEST FEE: \$5.00 per camper per session**

(Fee is due at the beginning of session.)

Are you receiving the Community United Presbyterian Church newsletter?  
If no, would you like to receive it?

Yes No  
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   | \$         | \$          |           |         |          |
|          | \$         | \$          |           |         |          |
|          | \$         | \$          |           |         |          |