



School Registration Form

When: October 11-13, 2023

Where: Realife Camp
1416 82nd Ave.
Vero Beach, FL 32966

Registration Deadline: **September 23 or complete ONLINE at <https://LCS.Education>**

School Name	Phone
Address	City, State, Zip
Principal	School Phone
School Coordinator/Contact	Email
School Liability Insurance Company	Policy Number

	Number of Students*:	Number of Counselors^:	
Female	<input type="text"/>	<input type="text"/>	*A list of the participants' names must be submitted no later than September 24.
Male	<input type="text"/>	<input type="text"/>	
Total	<input type="text"/>	<input type="text"/>	^You must have sufficient counselors for the number of students you are sending (1 to 10) and give proof of liability insurance for your students.

Total # Attending _____ X \$158.00= \$_____

Mail: League of Christian Schools
ATTN: Encounter
1437 E Memorial Blvd
Lakeland, Florida 33801
800-961-9645

Email: info@ilcsonline.com

T-Shirt Counts (Please enter totals)

YM _____	AL _____
YL _____	AXL _____
AS _____	AXXL _____
AM _____	AXXXL _____



Student Registration Form

October 11-13, 2023

Registration Deadline: _____

ReaLife Camp

1416 82nd Ave.
Vero Beach, FL 32966

What to bring:

- BIBLE
- NOTEBOOK
- PEN/PENCIL
- EXTRA PAIR OF TENNIS SHOES
- SPENDING MONEY
- 3 TOWELS
- BEDDING
- PILLOW
- CLOTHING FOR THREE DAYS
- PERSONAL TOILETRY ITEMS
- SWIM SUIT

Please fill out the form below. Return all forms with your check or cash of \$158.00 to your school.

Student's Name

Phone

Address

City, State, Zip

Grade: 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐

Gender: M ☐ F ☐

School

City, State, Zip

T-shirt size (check one):

YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ AXXL ☐ AXXXL ☐

Check enclosed ☐

☐

Total amount enclosed \$ _____



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Release from Liability/Permission Slip

We, the undersigned, hereby grant our child, _____
(Student's Name) permission to travel on a Florida League of Christian Schools sponsored trip to RealLife Camp,
Vero Beach, as a member of _____ grade, with _____ (Teacher's Name) of
_____ school.

Departure: _____ a.m. /p.m. on October 11, 2023

Return: _____ a.m. /p.m. on October 13, 2023

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF FLORIDA LEAGUE OF CHRISTIAN SCHOOLS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FLORIDA LEAGUE OF CHRISTIAN SCHOOLS IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FLORIDA LEAGUE OF CHRISTIAN SCHOOLS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By our signatures to this statement of permission, we hereby release and hold harmless Florida League of Christian Schools and the individual sponsors, including teachers, administrators, counselors, and parents from the time of the departure to the time of return. Additionally, we do not hold them responsible for the loss of any personal items, including electronic devices.

Signature of Father

Date

Signature of Mother

Date

Signature of Guardian (if applicable)

Date

The logo for 'encounter' is displayed in a bold, lowercase, sans-serif font. The letters are dark blue with a white, distressed texture, giving it a rugged appearance. The 'e' and 'o' are particularly stylized with internal white patterns.

Emergency Contacts/Medical Treatment Authorization

☐ Male
☐ Female

Name Date of Birth

Name of Father/Guardian

Name of Mother/Guardian

Address

Address

City State Zip

City State Zip

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

If parents are not available in the event of an emergency, please call:

Name

Relationship

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Name of Physician

Phone

Name of Medical Insurance Provider

Policy #

Please list any medications student is currently taking: _____

Please list any allergies or additional Medical conditions for student: _____

IN CASE OF EMERGENCY, I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE FLOCS ADULT LEADER IN CHARGE TO SECURE PROPER TREATMENT WHICH MAY INCLUDE HOSPITALIZATION, ANESTHESIA, SURGERY, OR INJECTION OF MEDICATION FOR MY CHILD.

Sworn to and subscribed to before me this _____ day of _____.

Notary Public

Date

Parent's Signature

Date

My commission expires: _____

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Tentative Schedule of Events

Schedule to change depending on number of campers.

October 11-13, 2023

ReaLife Camp

Vero Beach, Florida

Wednesday

11:30	Check-in
Noon	Lunch
1:00	Orientation
1:30	Activities Schedule
6:00	Dinner
7:15	Evening Service
10 pm	Campfire & S'mores
11:00	Everyone to their cabins
11:30	Lights out

Thursday

7:30	Cabin Devotions
8:00	Breakfast
9:00 – 11:45	Morning Session
Noon	Lunch
1:30	Activities Schedule
6:00	Dinner
7:15	Evening Service
10 pm	Campfire & S'mores
11:00	Everyone in their cabins
11:30	Lights out

Friday

7:30	Cabin Devotions
8:00	Breakfast
9:00	Cabin Clean-up
10:30	Morning Session
Noon	Lunch
1:00 – approx.	Depart for Home

