School Registration Form

When: October 7 - 9, 2026

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

Registration Deadline: September 24 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		
Male		
Total		

***A list of the participants' names must be submitted no later than September 24.**

^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)

AS _____ AXL _____

AM _____ AXXL _____

AL _____ AXXXL _____

Student Registration Form

October 7 - 9, 2026

ReaLife Camp
1416 82nd Ave.
Vero Beach, FL 32966

Registration Deadline: _____

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):

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 ReaLife Camp, Vero Beach, as a member of _____ grade, with _____(Teacher's Name) of _____ school.

Departure: _____ a.m. /p.m. on October 7, 2026

Return: _____a.m. /p.m. on October 9, 2026

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

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Emergency Contacts/Medical Treatment Authorization

Name _____ Date of Birth _____ ☐ Male ☐ Female

Name of Father/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Name of Mother/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work 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.

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
11:30 – approx.	Depart for Home

LEAGUE OF CHRISTIAN SCHOOLS

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