



Student Registration Form

Church: _____

Pastor: _____

Contact Information

Name: _____

Male Female Grade: ____ DOB: __/__/__

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Information

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Information

(To be completed by parent or legal guardian)

Health Ins. Co.: _____

Policy #: _____

Group #: _____

Doctor: _____

Phone: _____ City: _____

1. Is student on prescription medication?

Yes No

If so, please list exactly what and when it is to be taken:

(Please attach additional information as needed)

2. Is the student allergic to any food or medication?

Yes No

If yes, please specify: _____

3. Do you give permission for the staff to give the student the following:

Acetaminophen Ibuprofen

Parent/Guardian Signature

(Required if student is under age 18)

Payment Information**

Early Registration - \$15 (Before September 10th)

Registration - \$20 (After September 10th)

Total Amount Enclosed \$ _____

Cash Check No.: _____

Credit Card (Visa AmEx MC Discv)

Exp Date: _____ (include month/year)

Card No.: _____

3 Digit Security Code: _____ Billing Zip: _____

Sign all Forms and Mail To:

Life Pacific College

Attn: Office of College Relations

1100 West Covina Boulevard, San Dimas, CA 91773

The Rules of Engagement

I, _____ will fully cooperate with the staff and faculty of Life Pacific College and will comply with the following rules and program established by the college:

Drugs, alcoholic beverages, cigarettes, lighters, weapons and pornographic materials are strictly prohibited on the campus of Life Pacific College.

Respect others and their property – theft, vandalism, fighting, and illicit behavior will not be tolerated.

I understand that violating these rules may result in being asked to leave the campus.

Student Signature _____ **Date** _____

Parent/Guardian Consent

I agree that my son/daughter will cooperate with the staff and the standards of conduct set forth by Life Pacific College. I understand that I will be held responsible for any damage done by my child and I will pay for any and all repairs.

In the unlikely event of an accident or illness during this event, I agree to my son/daughter receiving first aid and medical treatment from qualified practitioners. I also authorize the transportation of my child by ambulance, if necessary, to the nearest available medical facility.

Parent/Guardian Signature _____ **Date** _____

(Required if student is under age 18)

Pastoral Consent

I agree that the student will cooperate with the staff and the standards of conduct set forth by Life Pacific College.

Pastor/Youth Pastor Signature _____ **Date** _____

IMPORTANT INFORMATION

1. Full payment is due with registration. If you are a student going to Preview with your church, please complete and return this registration form to your church office. Churches **MUST** postmark registrations by deadline date.
2. Airport shuttles will be provided for free if you are flying to and from the Ontario Int'l Airport. If you are planning to fly into LAX, shuttle services can be arranged for an additional cost of \$15 per person. You are responsible to provide your own transportation for flights arranged through any airport other than the airports listed above. Please arrange LIFE shuttle services ***no later than September 27, 2009.***