

# LIFE PACIFIC COLLEGE PREVIEW

## MARCH 23<sup>RD</sup>, 2010

### STUDENT REGISTRATION

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: \_\_\_\_\_  
\_\_\_\_\_

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 – by February 15<sup>th</sup> \$10

Registration - \$15

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: \_\_\_\_\_

**\*\*If You Are NOT attending Preview with a Group, Please Mail This Form Along with Payment To:**

Life Pacific College  
Attn: Office of Enrollment Services  
1100 W. Covina Blvd., San Dimas, CA 91773

Office Use Only

Fee Paid: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
R.O.E.: \_\_\_\_\_

# 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 LPC shuttle services ***no later than***