

SPRING 2012

LIVE LIFE.

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: _____

PAYMENT INFORMATION

Earliest Bird Rate - \$5 (Before January 10th)

Early Bird Rate - \$10 (Before January 28th)

Regular Rate - \$15 (After January 28th)

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: _____

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)

Sign all Forms and Mail/Fax 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.