

Live Out Loud Youth Conference 2010

“You Are the Light of the World”

December 29, 2010 5 PM to January 1, 2011 11 AM (ET)

Registration will run from 1-4 PM on December 29th. We encourage you to arrive by 1 PM so you have time to get settled in before the evening session begins.

Attendees must be 13 years old by the end of the conference and no older than 29.

Early Registration: Through November 26th
Final Registration Deadline: December 10th

Please review and complete the following registration forms (**one set of forms per person**). Use the following check list to make sure you have completed everything necessary for us to register you for the conference. If you have any questions regarding this application, please contact us at 888.255.6189 or STF@STFonline.org.

- Make sure you fill out one set of registration forms per person.
- Make sure you provide your **birth date** and **T-shirt size** when you fill out the registration forms (pages 4-8). You **must** register by **November 26th** in order to receive a T-shirt.
- Make sure your full payment is enclosed with the registration forms (pages 4-8).
- If you are flying into Indianapolis International Airport (IND), please make sure you provide us with your **flight information** (page 5).
- Please read, sign, and return the Code of Conduct (page 8) along with your registration forms and payment.
- Make sure you read the “What to Bring List” (page 2) so you are prepared for the week.

The conference will be held at:

Bradford Woods Outdoor Center

Do Not Mail Your Forms to Bradford Woods

5040 State Road 67 North

Martinsville, IN 46151

Website: www.bradwoods.org

IMPORTANT

DO NOT send your forms to Bradford Woods. Please send or fax (765-342-8430) all your forms (pages 4-8) and payment at the same time **or we will be unable to complete your registration.** If you have any questions, please call us at 888.255.6189, M-F 9 to 5 (ET). Mail forms to: Spirit & Truth Fellowship International, 180 Robert Curry Drive, Martinsville, IN 46151.

This is a Spirit & Truth Fellowship event and by submission of this registration form you hereby grant us the right to use your image in any recordings, photos and videos taken.

What To Bring List

Please consider putting your name on ALL items.

Every year we have a very large number of items left behind. If items are labeled, it is easier for us to help you retrieve them. Due to the massive amount of return requests we have, you will be responsible for shipping costs. Please note that we will only hold items in Lost and Found for 30 days. After this time, they will be donated to local charities. Please be responsible for your belongings and take an inventory, both before you leave the conference and when you return home.

Items

- Bible
- Sleeping bag & pillow (bedding)
- Clothing (this is a Christian conference, so please dress appropriately)
- Daypack & water bottle
- Flashlight or battery-powered lantern (extra batteries)
- Jacket for cool nights
- Cell phone or prepaid calling card
- Disposable camera
- Laundry bag for dirty clothes
- Medications necessary for yourself
- Notebook, pens, pencils
- Personal items (toiletries, etc.)
- Shoes comfortable to walk and play in
- Towels & washcloths
- Travel alarm clock (batteries if needed)
- Money for bookstore, offering
- Hat
- Musical instruments

Driving Directions to Bradford Woods Outdoor Center

Bradford Woods is located South of Indianapolis, IN off State Road 67, between Martinsville and Mooresville, IN at 5040 State Road 67 North, Martinsville, IN 46151.



Registration Forms

Please complete pages 4-8 and mail to the Home Office (180 Robert Curry Drive, Martinsville, IN 46151) **no later** than December 10th, 2010 with your payment, or fax us at 765.342.8430.

Final Registration Deadline is December 10th

GENERAL INFORMATION This registration is for: Attendee Staff Gender: Male Female

Last Name _____ First Name _____ Birth Date _____
Month/Day/Year

Address _____ City _____ State _____ Zip _____

E-mail _____ Home Phone _____

Cell Phone _____ Work Phone _____

T-shirt size (S-XXL) (Unisex) _____
(You must mail/fax your forms and payment in by November 26th in order to receive a T-shirt)

Payment Information

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Registration Information	Price
Early Registration (Through November 26th)	\$185
Final Registration (By December 10th)	\$225
Staff Registration	\$125

Payees Name: _____

Payment Method Credit Card (Visa, Mastercard, AMEX, Discover) Check # _____

Credit Card # _____ Expiration Date: _____

Scholarships may be available based upon individual needs. For more information contact Janet Speakes **no later** than November 26th (765.349.2330 or Janet@STFonline.org).

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Live Out Loud Travel Information

Name _____

Age _____

- Car Requesting Spirit & Truth shuttle? YES _____ NO _____
- Train Requesting Spirit & Truth shuttle? YES _____ NO _____
- Bus Requesting Spirit & Truth shuttle? YES _____ NO _____
- Plane Requesting Spirit & Truth shuttle? YES _____ NO _____

If your child is a minor, did you purchase minor supervision insurance? YES _____ NO _____

Please complete the following information if traveling by plane.

You MUST fly into the Indianapolis International Airport (IND) on December 29th between 9 AM and 5 PM and depart on January 1st between 9 AM and 5 PM. If you cannot arrive/depart on these dates and within these times you will be responsible for all lodging and transportation outside of these dates and times.

	Date	Time	Airline	Flight #	City of Departure/Return
Arrival	_____	_____	_____	_____	_____
Departure	_____	_____	_____	_____	_____

Please be aware that all of our shuttle drivers are local ministry volunteers. Since our volunteer drivers donate their time and expenses, it is important that we have your cooperation in following the guidelines we establish about travel arrangements.

Parents, we will try to have a Ministry representative at the airport during the hours designated above. But, since there will probably be a large number of attendees leaving at the same time, to depart from different airlines, your child may have a long wait at the airport for their flight, and may be on their own for most or all of that time. Airport security will not allow us to take attendees to their gates.

If your travel arrival and departure times do not fit into our shuttle availability, you will need to make your own arrangements for transportation to and from the airport, at your expense. Bradford Woods is approximately 25 miles from the Indianapolis International Airport.

In order to take advantage of our Ministry Shuttle between the airport and the conference, you must arrive at the Indianapolis International Airport (IND) on December 29th between 9 AM and 5 PM and must depart on January 1st between 9 AM and 5 PM. Indianapolis International Airport is the only airport we can serve.

Please be aware that we are not set up to accommodate attendees who arrive before or wish to depart after the conference. Therefore, if you are not able to meet the times for our shuttle service, you will need to make your own shuttle and housing arrangements. We recommend that you have a cell phone or calling card.

Medical Information

Please print your first and last name *clearly* on the lines below.

Last Name: _____

First Name: _____

Age: _____

Emergency Contact Information (must list parent/guardian if under 18)

Name _____ Relationship _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Physician's Name _____ Physician's Phone _____

Insurance Carrier _____ Insurance Policy # _____

Date of Last Tetanus shot _____

- Please specify incidents since last exam and explain on the lines provided
- | | |
|--|---|
| <input type="checkbox"/> Serious accident or injury, requiring medical attention | <input type="checkbox"/> Illness lasting more than 5 days |
| <input type="checkbox"/> Surgery or treatment in a hospital or emergency room | <input type="checkbox"/> Exposure to a contagious disease |

- Please specify health conditions and/or chronic or recurring illnesses, then explain on the lines provided below.
- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Emotional disturbances | <input type="checkbox"/> Musculoskeletal disorders |
| <input type="checkbox"/> Bleeding/Clotting disorders | <input type="checkbox"/> Fainting | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Glasses/Contact Lenses | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Menstrual cramps | <input type="checkbox"/> Other |

- Please specify allergies and explain reaction on the lines provided below.
- | | | | |
|----------------------------------|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Medicine | <input type="checkbox"/> Pollen |
| <input type="checkbox"/> Food | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Plants | <input type="checkbox"/> Other |

- Please specify medications that CANNOT be dispensed by the camp Nurse.
- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Sting Kill |
| <input type="checkbox"/> Aloe Vera | <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Band-aids/Adhesive Tape | <input type="checkbox"/> Iodine | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Caladryl | <input type="checkbox"/> Mylanta | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Neosporin | |

Mental Health Information

1. Have you ever been diagnosed with a mental health condition (e.g. anorexia, bulimia, depression, schizophrenia, etc.)? If yes, please explain.

2. Have you ever taken medication or been hospitalized for a medical/mental health condition? If yes, please give the dates and the major issue discussed.

3. Are you abusing, or addicted to, any prescription, non-prescription, or illicit drugs, including marijuana or alcohol? Please explain.

Live Out Loud 2010 Permission Slip

My child has permission to swim, rock climb, or participate in other supervised extra curricular activities:

YES _____ NO _____

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

WAIVER & RELEASE OF LIABILITY

I understand that my (or my child's) presence at Live Out Loud can expose me (or my child) to dangers both from known risk and unanticipated risk. Acknowledging that such risks exist, to the fullest extent permitted by applicable law, I hereby release and discharge for myself (or my child) Spirit & Truth Fellowship International, its employees, officers, directors, representatives, agents, affiliates, and all other persons acting on its behalf, from any and all claims or liability for personal injury or property damage I (or my child) may suffer while at Live Out Loud or under the care of Spirit & Truth Fellowship International. I specifically release and discharge for myself (or my child) Spirit & Truth Fellowship International, its employees, officers, directors, representatives, agents, affiliates, and all other persons acting on its behalf, from any and all claims for the negligence, in any form, of Spirit & Truth Fellowship International and/or its employees, officers, directors, representatives, agents, affiliates, and all other persons acting on its behalf. IN SIGNING THIS RELEASE, I RECOGNIZE THAT SPIRIT & TRUTH FELLOWSHIP INTERNATIONAL IS NOT AN INSURER OF MY (OR MY CHILD'S) SAFETY, AND I FULLY RECOGNIZE THAT IF I (OR MY CHILD) AM (IS) HURT AND/OR MY (OR MY CHILD'S) PROPERTY IS DAMAGED WHILE AT LIVE OUT LOUD OR UNDER THE CARE OF SPIRIT & TRUTH FELLOWSHIP INTERNATIONAL, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST SPIRIT & TRUTH FELLOWSHIP INTERNATIONAL, ITS EMPLOYEES, OFFICERS, DIRECTORS, REPRESENTATIVES, AGENTS, AFFILIATES, AND/OR ALL OTHER PERSONS ACTING ON ITS BEHALF.

I have reviewed this Waiver and Release of Liability and understand all of the terms and conditions contained therein. I FULLY RECOGNIZE AND UNDERSTAND THAT BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY, I AM RELEASING AND DISCHARGING FOR MYSELF (OR MY CHILD) ANY AND ALL CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE, INCLUDING THOSE CAUSED BY NEGLIGENCE, I (OR MY CHILD) MAY SUFFER WHILE AT LIVE OUT LOUD OR UNDER THE CARE OF SPIRIT & TRUTH FELLOWSHIP INTERNATIONAL.

The information herein is complete and accurate, to the best of my knowledge. I give the nurse or First Aid permission to render any and all needed medical attention and to seek and employ emergency treatment deemed necessary for my (or my child's) health and life. I understand that any attendee/staff caught with contraband will be reported to the police and/or sent home immediately, at the attendee's (or parent's) expense.

Attendee / Staff Signature (required)

Date

Parent/Guardian Signature (if attendee is under 18)

Date

Live Out Loud 2010 Code of Conduct

We have some rules that we believe will help our conference be a wonderful and positive experience for everyone involved, and help insure that everyone can grow in the Lord. Please read over the following information so that you know what will be expected of you at Live Out Loud. The attendee and a parent of the attendee (if under 18) are required to sign and date the Code of Conduct at the bottom.

As a participant at Live Out Loud, I understand and agree with the following statements:

1. I will respect and submit to the authority that is placed over me (Eph. 5:21; Heb. 13:17).
2. I will respect others and the property of others (Exod. 20:12-17; Lev. 19:18; Matt. 22:39).
3. I commit to being a positive and uplifting person rather than a negative and complaining person. I will not make unkind or negative comments about other people (Eph. 4:29; Col. 3:8).
4. I will NOT bring any materials that are forbidden on the grounds (this includes having them in your vehicle) and understand that I will be sent home at my expense (or my parents) if caught with these items (NO warning) (1 Pet. 2:13; 1 Thess. 5:22):

- Illegal drugs
- Alcohol
- Tobacco (under 18)
- Fireworks
- Immoral materials (pornography, immoral books)
- Weapons

5. I understand that electronic media devices (CD, MP3, & DVD players, iPods, etc.) are not allowed at Live Out Loud. These isolate individuals and we want Live Out Loud to be an interactive experience. If you bring any of these they must remain in your vehicle or luggage, or they will be confiscated until the end of the event (Heb. 10:24).
6. In respect for others, I understand that I will be required to dress modestly (1 warning) (1 Tim. 2:9):

- Girls—no low-cut tops, short shorts, clothing depicting sexual or immoral images, etc.
- Guys—no boxer shorts showing, clothing depicting sexual or immoral images, always wear shirt (unless swimming or engaged in sport activities)

7. In respect of others, I understand that I will not engage in inappropriate physical contact with members of the opposite sex. This includes kissing, laying in laps, and other forms of inappropriate physical contact (1 warning) (1 Cor. 7:1 KJV; Gal. 5:13; Eph. 4:17-20).
8. I will not engage in any of the following forms of inappropriate behavior (NO warning) (Eph. 4:22-24,31; 5:1-3, 10-12):

- Sexual activity
- Fighting

I have read the code of conduct and understand what is expected of me and why, and promise to meet those expectations. As a participant, I understand that I will be sent home if I exceed the warning limit. As a parent I understand that if my child breaks the rules and must be sent home that I am responsible for picking them up from the Bradford Woods Outdoor Center, Martinsville, IN.

Printed Name of Attendee

Printed Name of Parent/Guardian

Signature of Attendee

Signature of Parent/Guardian