



Schedule

Schedule is tentative and subject to change without notice.

Friday, September 18

6-7pm Registration
7pm Games
9pm Worship Session #1
10pm Small Group Session #1
11pm Snack
11:30pm Free Time
12am Lights Out

Saturday, September 19

8am Breakfast
8:30am Worship Session #2
9:30am Small Group Session #2
10:30am Head to Mission Project (lunch is included)
4pm Small Group Session #3
5pm Dinner
5:30pm Worship Session #3 (+ Testimonies)
7:30pm Return to your primary mission field (home)

Highlights

- For youth from 9th through college freshmen
- This year's event is being held at FBC Alameda, 1515 Santa Clara Ave., 94501
- Speakers include: Gregg Sneller (International Ministries)
- Youth Praise Teams from our diverse NorCal churches
- \$35 for the weekend, all inclusive – including shirt
- Mission Projects include: World Impact; City Team; Street Disciples; Seafarers and many more
- Deadline for pre-registration: September 11th
- Website for more info: www.youthquake.us

Here's the details...

Cost of \$35 includes registration, overnight, meals, tee-shirt, materials, and transportation to Mission sites. Late registration is an additional \$5. Pre-registration ends September 11th, 2015.

We'll be sleeping at First Baptist Church of Alameda. Bring Bible, sleeping bags, pillow, toiletries, pjs, walking shoes, clothes you don't mind getting dirty, work gloves, snacks to share, money for gift donation to a ministry in need, and 2 copies of Consent to Participate and Medical Release Form.

Be sure to indicate any special needs such as: food restrictions, allergies, physical disabilities, ahead of time on the Registration Form as well as the Consent to Participate & Medical Release.

Every 1 to 6 youth must be accompanied by one adult chaperone of the same gender. Chaperones will be sleeping in the same room(s) and participating fully with the youth. Adult chaperones must be approved by their churches to accompany their youth. The church premises will be fully secured.

For more information: contact register@youthquake.us. Payment of \$35 per person must be paid in full to "NLCF", please put "Youthquake" on the memo of the check and send to **New Life Christian Fellowship, 22360 Redwood Road, Castro Valley, CA 94546**. Churches may register on one form. Please indicate any special needs and food concerns on the form. Each youth must have an individual "consent to participate and medical release form" signed by a parent or guardian.

YOUTHQUAKE Registration Form

Please reproduce copies as needed.

Mail to New Life Christian Fellowship, 22360 Redwood Road, Castro Valley, CA 94546,
or register by email, register@youthquake.us

Name(s) _____	Age _____	Grade _____	Gender _____
_____	Age _____	Grade _____	Gender _____
_____	Age _____	Grade _____	Gender _____
_____	Age _____	Grade _____	Gender _____
_____	Age _____	Grade _____	Gender _____
_____	Age _____	Grade _____	Gender _____

Chaperone(s) _____	Gender _____
_____	Gender _____

Chaperone contact information (address, email and cell phone for emergencies):

The following youth have special needs (please indicate what the needs are; such as food allergies, diet restrictions, wheelchair, etc.) _____

Tee-shirt sizes (please indicate the total numbers for each size), we will do our best to accommodate but may need to give the next closest size:

Small _____ Medium _____ Large _____ X-L _____ XX-L _____

Church _____
Address of Church _____
City _____ Zip _____
Phone (_____) _____ Email _____

Cost is \$35 per person (\$40 at the door):

Total number of people including chaperones: _____ X \$35= _____

Make checks payable to "NLCF". Put "Youthquake" on the memo.

Deadline to Pre-Register: September 11, 2015.

If you or your church would like to help defray the costs of YOUTHQUAKE and be a sponsor, we would appreciate your donation of \$100 to "NLCF", put "Youthquake SPONSOR" on the memo and send to New Life Christian Fellowship. Please do so early, so that you or your church's name can be listed on the program.

☐ Yes, I /our church would like to be a sponsor. Enclosed is our check for \$ _____

All participants (minors and adults) need to complete the Consent to Participate and Medical Release form. Bring two copies of this form (per person) to Youthquake 2015 during on-site registration.

Consent to Participate / Medical Release

***This form must be completed for each person who is participating in Youthquake 2015 events.
(Adults, please fill out appropriate areas)***

PERSONAL OR PARENT/GUARDIAN AUTHORIZATION

I authorize _____ to fully participate in Youthquake 2015, with restrictions, if any, noted below. Youthquake may record my name/the name of my child and my/my child's likeness, image, voice, and participation in and performance on film, tape, or otherwise for advertising and promotional use without compensation. I further recognize that participants may be transported in Youthquake-designated vehicles for off-site trips and for emergency and routine medical care.

I agree to indemnify and hold participating American Baptist Churches, and their sponsoring organizations and agents harmless, and release these churches from any and all liability for any injury or loss which may be suffered by myself or my child arising out of or in any way connected with participation in the above-described programs. Emergency medical information is on the medical release form.

I hereby give permission to the medical personnel selected by the event organizers to provide routine health care; to administer medications (prescription and over-the-counter); to order X-rays, routine tests, and/or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary, related transportation for me or the below-named minor. I further acknowledge that Youthquake does not have their own health care provider on the premises. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the event organizer to secure and administer treatment, including hospitalization, for myself or the minor named below.

Participant's Name (Print Name)

Parent/Guardian's Name if Participant is a Minor (Print Name)

Relationship to Minor

Signature

Date

Disclosure of any known medical conditions or information that event organizers should be aware of (allergies, asthma, food restrictions, medicines, physical disabilities, mental health, etc.):

Contact numbers to reach you in the event of an emergency: (home, work, cell phone, pagers, etc):

Doctor's Name _____ Phone: (____) _____

Health insurance company name and policy number _____

Print Name

Signature

Date