



**Friday, September 12 to Saturday, September 13, 2014**

**At Portola Baptist Church**

**225 Pioche Street, San Francisco, CA**

**For YOUTH 9<sup>th</sup> grade to First Year College**

**Featuring:**

**Mission in the Cities:** Mission Projects in Bay Area

**Youth Praise Teams** from our diverse churches

**Worship, fun activities, small groups and great food!**

**Cost is \$35 for the weekend, all inclusive, including Youthquake tee shirts!**

**We'll be sleeping at Portola Baptist Church with overflow at Primera Baptisa de la Ciudad. Bring Bible, sleeping bags, pillow, toiletries (soap), a towel, flip flops for shower, pjs, walking shoes, clothes you don't mind getting dirty, work gloves, snacks to share, 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.**

**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.**

**Be sure to visit: [www.youthquake.us](http://www.youthquake.us)**

## Here's the details...

### **Friday, September 12** (schedule subject to change)

- **6-7 pm – Registration at Portola Baptist Church; 225 Pioche Street, San Francisco, CA**
- **7 pm – Program begins. We'll have a time of fellowship, games, worship, and small groups**
- **10:30pm – Suh Ya (substantial snack) will be provided**

### **Saturday, September 13** (schedule subject to change)

- **8 am – Breakfast**
- **9 am – Morning Program begins with worship**
- **10 am – Small groups and Preparation for Mission Projects**
- **11am-3 pm – Bag Lunches and Mission in the Cities. Mission projects will be assigned by churches. Adult chaperones must accompany their youth to the mission projects. We will be doing various mission projects in the Bay Area. Mission projects may include feeding the homeless, food boxes to low-income families, washing the feet of homeless, work projects such as painting, cleaning, some construction work with sites serving the homeless, those in recovery, or low-income families.**
- **3:30 pm – Small Groups and Sharing of Mission Projects**
- **5pm - Dinner**
- **6 pm – Closing Worship and Presentations**
- **7 pm – Dismissal**

**Cost of \$35 includes registration, overnight, meals, tee-shirt, materials, and transportation to Mission sites. Late registration is an additional \$5.**

**For more information:** contact [register@youthquake.us](mailto: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.

**Deadline for pre-registration: September 1<sup>st</sup>, 2014.**

## YOUTHQUAKE Registration Form

Please reproduce the copies you need. Mail to New Life Christian Fellowship, 22360 Redwood Road, Castro Valley, CA 94546, 510/582-2261, FAX 415/221-3094, or register by email, [register@youthquake.us](mailto: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 1, 2014.**

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 attached. Bring two copies of this form (per person) to Youthquake 2014 during on-site registration.

## Consent to Participate / Medical Release

***This form must be completed for each person who is participating in Youthquake 2014 events.  
(Adults, please fill out appropriate areas)***

### PERSONAL OR PARENT/GUARDIAN AUTHORIZATION

I authorize \_\_\_\_\_ to fully participate in Youthquake 2014, 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