

LIVE OUT LOUD!

Teens & Twenties Weekend: Culture Exposed: God's Plan Revealed

Thursday, December 29, 3 p.m. to Sunday, January 1, 12 p.m.
(Registration is open from noon to 2:30 p.m. on Thursday.

Parents responsible for rides should arrive by 11:30 a.m. on Sunday)

Sherman Lake YMCA Outdoor Center
6225 North 39th St, Augusta, MI 49012, 269-731-3000

(please do not mail your forms to the YMCA)

Please review and complete the following registration forms for the 2006 Live Out Loud Conference. Please note that we only have room for the first 200 applicants that complete the registration process (payments and forms). Use the following check list to make sure you have completed everything necessary for us to register you for the weekend.

Forms must be mailed to:
Christian Educational Services
2144 East 52nd Street
Indianapolis, IN 46205

- Make sure you fill out one registration form per participant/staff member
- Make sure you provide your **birthdate** and **T-shirt** size when you fill out the registration form (page 3)
- Make sure your payment is enclosed with the registration forms (pages 2-7)
- If you are flying into Kalamazoo or Grand Rapids please make sure you provide us with all of your flight information (page 3)
- Please read, sign, and return the Code of Conduct along with your registration forms and payment (page 5)

Important: Please send or fax (317-255-6249) all your forms (pages 2-7) to the Home Office (2144 East 52nd Street, Indianapolis, IN 46205) and payment at the same time or we will be unable to complete your registration.

- Open to the first 200 people!!!
- Early Registration (through Dec. 10): \$140; Additional Siblings: \$125
- Registration (after Dec. 10): \$155/\$140 for additional siblings
- Registration includes meals/lodging/t-shirt
- Event will be chaperoned by college aged youth and adults
- If you have any questions or need to arrange to be picked up from the airport or bus station, please contact Kathy Lunardini at klunar@comcast.net
- Non-staff adults: If you need to stay in Michigan during the weekend, you can stay nearby at: Gull Lake Inn, 12500 M89, Richland, MI 49083, 877-GULL-LAKE or 269-731-4131; 3 day special: TH-S \$79/night (\$110 per night otherwise)
- If you are not driving directly to the YMCA your transportation MUST arrive at either Kalamazoo or Grand Rapids (Lansing if it is absolutely necessary). All flights/buses etc must arrive between: 7 a.m. to 8 p.m. and they must leave between: 7 a.m. and 8 p.m. If you cannot arrange an arrival or departure during these times you will be responsible for getting to and from the YMCA. Please send travel itinerary to Kathy Lunardini at klunar@comcast.net
- Please make sure you understand how and when to arrive before making any travel plans. If you are uncertain contact the Home Office toll free at 888-255-6189, M-F 8:30 to 5 p.m.

Weekend Information

DATES

Check in:	Check out:
Thursday, Dec. 29	Sunday, Jan. 1
12 p.m. to 2:30 p.m.	12 p.m.

HOUSING

Housing will be provided for everyone. You will be assigned a cabin when you check in.

TRAVEL

By Car: See enclosed directions (page 8 & 9).

By Plane: Fly into Grand Rapids or Kalamazoo (Lansing if absolutely necessary) airport only! Shuttles provided between the airport and the YMCA camp. Participants will be met by an event staff member upon arrival. Arrive: Before 8 p.m. on 12/29/05 Depart: Before 8 p.m. on 1/1/06.

PACKING

Please consider putting your name on ALL items.

What to Bring:

- | | |
|--|--|
| ☞ Bible, notebook, pens, pencils | ☞ Clothes and personal items (to last the weekend; there is no laundry facility at the YMCA) |
| ☞ Sleeping bag & pillow | ☞ Winter Jacket, hat, gloves, and boots |
| ☞ Daypack & water bottle | ☞ Bag for dirty clothes |
| ☞ Flashlight or Battery-powered lantern (pp/extra batteries) | ☞ Shoes comfortable to walk and play in |
| ☞ Personal or athletic gear, if desired | ☞ Towels & washcloths |
| ☞ Swimsuit & Towel | ☞ Camera |
| ☞ Travel alarm clock (with batteries) | ☞ Pre-paid calling card |

Registration Forms

Please complete pages 2-7 and mail to the Home Office (2144 East 52nd Street, Indianapolis, IN 46205) no later than Dec. 23, 2005 with your payment, or fax us at 317-255-6249.

1. Are you a Christian and if so, when did you accept Christ? _____

2. Is this your first Spirit & Truth Fellowship International event? _____

3. If no, what events have you attended before?

- Previous Live Out Loud Teens & Twenties Conference Regional Conference Creation/Evolution Conference

4. What are you looking forward to at Live Out Loud? _____

5. What hesitations or concerns do you have about the event? _____

6. Are you familiar with our materials (e.g. audio teachings and seminars, books, videos, etc.)? If yes, please let us know which materials you have read or listened to:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Don't Blame God! A Biblical Answer to the Problem of Evil, Sin, and Suffering | <input type="checkbox"/> 22 Principles of Biblical Interpretation | <input type="checkbox"/> Beyond a Reasonable Doubt: 23 Arguments For the Historical Validity of the Resurrection of Jesus Christ | <input type="checkbox"/> Jesus Christ, Diameter of the Ages (audio seminar) |
| <input type="checkbox"/> The Gift of Holy Spirit: Every Christian's Divine Deposit | <input type="checkbox"/> 23 Reasons to Believe in a Rapture Before the Great Tribulation | <input type="checkbox"/> Righteousness: Every Christian's Gift from God | <input type="checkbox"/> The Creation-Evolution Controversy (audio seminar) |
| <input type="checkbox"/> Is There Death After Life? | <input type="checkbox"/> 25 Reasons Why Salvation is Permanent for Christians | <input type="checkbox"/> What is True Baptism? | <input type="checkbox"/> New Life in Christ (audio seminar) |
| <input type="checkbox"/> One God & One Lord: Reconsidering the Cornerstone of the Christian Faith | <input type="checkbox"/> 34 Reasons Why the Holy Spirit is Not a Separate "Person" From the Only True God, the Father | <input type="checkbox"/> A Journey through the Old Testament (audio seminar) | <input type="checkbox"/> Dating, Courtship, and Engagement: A Journey in Preparing for Marriage (audio seminar) |
| <input type="checkbox"/> The Christian's Hope: The Anchor of the Soul | <input type="checkbox"/> 47 Reasons Why Our Heavenly Father Has No Equals or Co-Equals | <input type="checkbox"/> Romans (audio seminar) | |
| <input type="checkbox"/> Prophecy: Understanding & Utilizing the Manifestation of Prophecy | <input type="checkbox"/> Defending Dispensationalism: Standing Fast in the Liberty | <input type="checkbox"/> The Book of Revelation (audio seminar) | |
| <input type="checkbox"/> Sex & Scripture: A Biblical Study of Proper Sexual Behavior | <input type="checkbox"/> Becoming a Christian: Why? What? How? | <input type="checkbox"/> Growing up in Christ Part One: The Fruit of the Spirit (audio seminar) | |
| <input type="checkbox"/> The Bible You Can Believe It | <input type="checkbox"/> The Death Penalty: Godly or Ungodly? | <input type="checkbox"/> Growing up in Christ Part Two: Teaching and Activation in the Manifestations of the Gift of Holy Spirit (audio seminar) | |

Please note: You can read our booklets online (in their entirety) and key sections/chapters of our books at www.TruthOrTradition.com TOPIC: Recommended Reading

7. Do you desire to be a small group leader at this event? _____

8. If yes, why do you have a desire to serve in this capacity? _____

GENERAL INFORMATION

This registrations is for: Attendee Staff Member

Gender: Male Female

Last Name _____ First Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

E-mail _____ T-shirt size (S-XXL) _____

Home Phone _____ AOL _____

Work Phone _____ Instant Messenger Screen Name MSN _____

Cell Phone _____ Yahoo! _____

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

Name _____ Relationship _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please complete the following information if traveling by plane:

You MUST fly into Kalamazoo or Grand Rapids (Lansing if it is absolutely necessary) on Dec. 29 before 8 p.m. and depart on Jan. 1 before 8 p.m. If you cannot fly in or depart on these dates you will be responsible for lodging and transportation.

	Date	Airline	Flight #	From/To City	Time
Arrival	_____	_____	_____	_____	_____
Departure	_____	_____	_____	_____	_____

Medical Information

Physician Name _____ Physician Phone _____

Insurance Carrier _____ Insurance Policy# _____

1. Have you ever been diagnosed with a medical/mental health condition (e.g. diabetes, 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)

Please specify incidents since last exam and explain on the lines provided.

- Serious accident or injury, requiring medical attention Illness lasting more than 5 days
 Surgery or treatment in a hospital or emergency room 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 event Nurse/First Aid.

- | | | |
|--|---|---------------------------------------|
| <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 | |

Please specify medications you are currently taking. Medication
If under 18 and medications that should be dispensed by event nurse, please specify dosage.

Dosage

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/Christian Educational Services, Inc., 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/Christian Educational Services, Inc. I specifically release and discharge for myself (or my child) Spirit & Truth Fellowship International/Christian Educational Services, Inc., 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. IN SIGNING THIS RELEASE, I RECOGNIZE THAT SPIRIT & TRUTH FELLOWSHIP INTERNATIONAL/CHRISTIAN EDUCATIONAL SERVICES, INC. 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/CHRISTIAN EDUCATIONAL SERVICES, INC., I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THEM, 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/CHRISTIAN EDUCATIONAL SERVICES, INC.

The information herein is complete and accurate, to the best of my knowledge. I give the event 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 have read and agree to comply with the event regulations. I understand that any attendee caught with contraband will be reported to the police and/or sent home immediately, at their (or the parents') expense.

Participant / Staff Signature (required)

Date

Parent/Guardian Signature (if under 18)

Date

Live Out Loud Code of Conduct

Dear Attendee,

We have some rules that we believe will help our event 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. You and a parent (if under 18) are required to sign and date the Code of Conduct at the bottom and submit it with your payment.

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 (Ex. 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 others (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 the expense of 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 (e.g. IPODS), & DVD players, 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 Live Out Loud (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, suggestive sayings, etc.
 - Guys—no boxer shorts showing, clothing depicting sexual or immoral images, always wear shirt (unless swimming or engaged in sports 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, inappropriate hand holding, 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. 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 event facility.

Printed Name of Attendee

Printed Name of Parent/Guardian (if under 18)

Signature of Attendee

Signature of Parent/Guardian (if under 18)

Payment Information

Important: Please send or fax (317-255-6249) all your forms (pages 2-7) and payment at the same time or we will be unable to complete your registration.

Mail forms to:

**Christian Educational Services
2144 East 52nd Street
Indianapolis, IN 46205**

Registration Information

Registration

First Participant

\$140 (through Dec. 10)
\$155 (after Dec. 10)

Additional Participant (Same Family)

\$125 (through Dec. 10)
\$140 (after Dec. 10)

Payers Name: _____

Payment Method

Visa/MasterCard

American Express

Discover

Check # _____

Credit Card # _____

Expiration Date: _____

Attendees Name: _____

Sherman Lake YMCA Outdoor Center: Activities Release Form

Name: _____ Phone Number: _____

Address: _____

If under the age of 18, parent's/guardian's name: _____

PLEASE READ: This form is intended to remind participants of the seriousness of attempting adventure activities with an old, preexisting injury, a heart condition or other condition which may be aggravated by the event.

Questions:

	RESPONSE		
1. Any preexisting injuries (ankles, knees, back, neck, etc) which may be aggravated by participating?	YES	NO	
2. Are you currently taking any medications?	YES	NO	
3. Any heart condition or heart medications?	YES	NO	
4. Do you have high blood pressure?	YES	NO	
5. Do you have any allergies (food, bees, insects) or reactions to any medications?	YES	NO	
6. Do you have any physical limitations?	YES	NO	
Current level of activity at home?	Low	Med	High

If you answered YES to any of these questions, please discuss them with your leader.

RELEASE OF LIABILITY AND AUTHORIZATION FOR TREATMENT:

I hereby grant permission for me or my child to participate in the Wall, Rafters, Tower, Spaghetti Course, Courage Course or any other activity at the Sherman Lake YMCA Outdoor Center. Any health concerns or considerations that I have listed above I hereby give permission to the medical personnel selected by camp staff to order x-rays, routine tests, treatments and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by camp staff to secure and administer treatment, including hospitalization. In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and program, and I further agree to hold harmless the YMCA and its staff members conducting the activities from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise during or arising in any way from the activities. The YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or videotapes of me, my child or family as may be needed for public relations programs. I acknowledge that this General Release of Liability of the YMCA is binding on me personally and on my heirs, personal representative, successors, and assigns.

Signature of Participant:

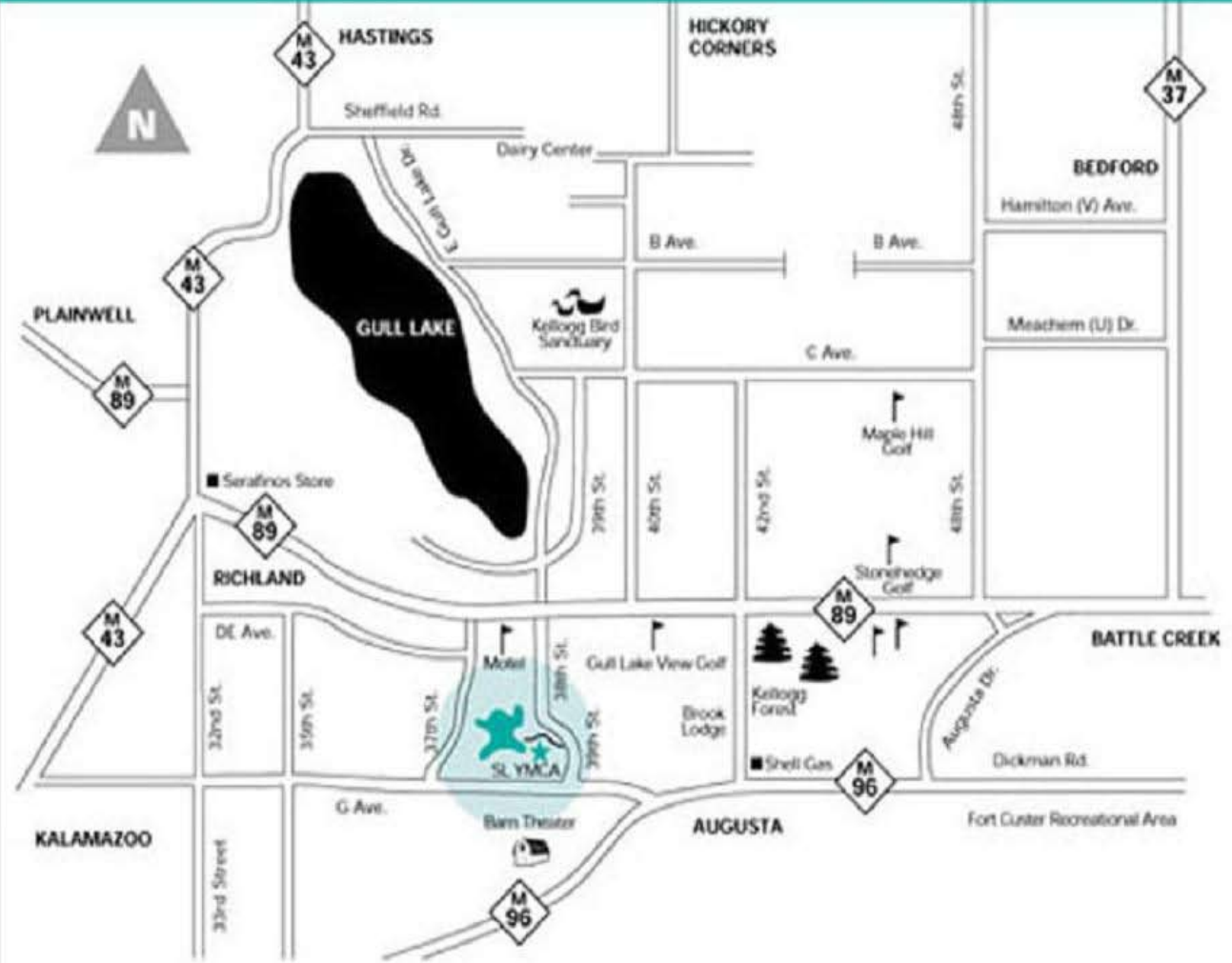
Date:

Adult, parent or guardian of a participant under the age of 18 years:

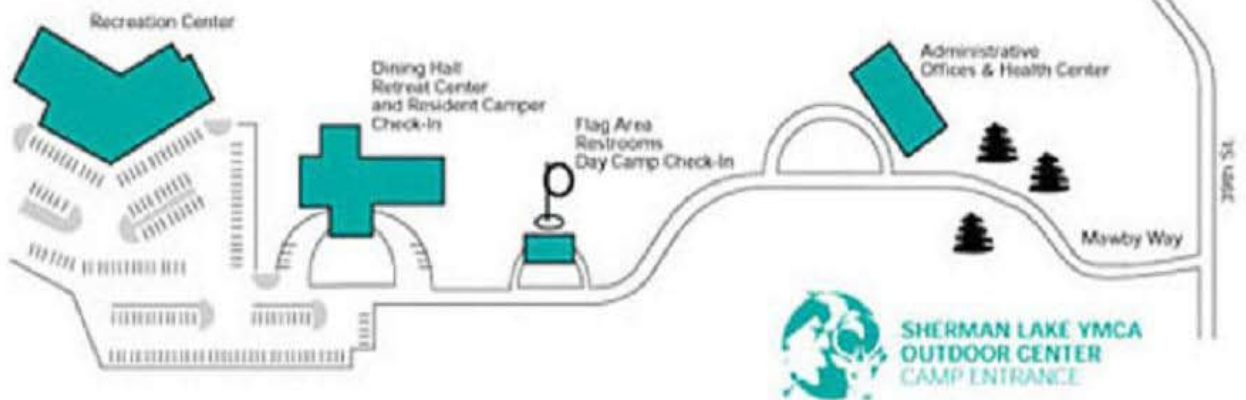
Date:

In case of emergency, contact:

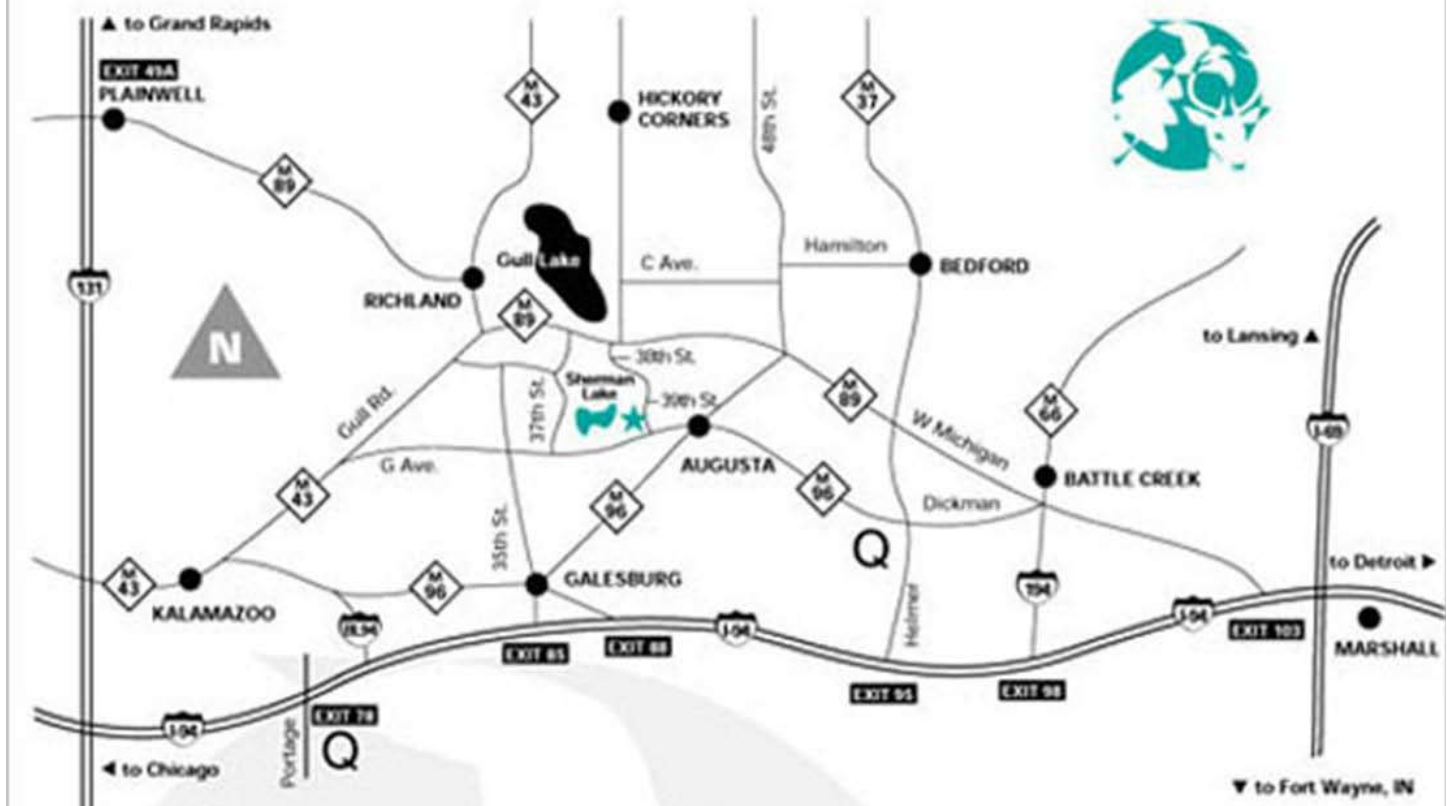
Phone Number:



Detail Map and Camp Entrance



Sherman Lake YMCA Outdoor Center



From Kalamazoo: East on M-43 (Gull Road) to G Avenue, East (right) to 39th Street, North (left) to camp.

From Detroit: Westbound on I-94 to Exit 85 (35th Street), North (right) to G Avenue, East (right) on G Avenue to 39th Street, North (left) on 39th Street to camp.

From Chicago: Eastbound on I-94 to Exit 85 (35th Street), North (left) to G Avenue, East (right) on G Avenue to 39th Street, North (left) on 39th Street to camp.

From Battle Creek: Travel West on M-89 (West Michigan Ave) toward Kalamazoo to 38th Street, South (left) on 38th Street 2.5 miles to camp.

From Grand Rapids (via US-131): South on US-131 to Exit 49A (Plainwell)/M-89. East on M-89 to junction M-89/M-43 (12 miles). Right on M-89/M-43 to Richland (1 mile). At traffic light, turn East (left) on M-89 to 38th Street South (right) 1.5 miles to camp.

From Grand Rapids (via M-37): South on M-37 to M-89 (West Michigan Ave), West (right) to 38th Street, South (left) to camp.

From Lansing (via I-69): South on I-69 to I-94, West on I-94 to Exit 85 (35th Street), North (right) to G Avenue, East (right) on G Avenue to 39th Street, North (left) on 39th Street to camp.