



STEUBENVILLE ATLANTA 2010

FORM GUIDE: The What & How

Below is the list of required forms and what we need you to do with them. If you have any questions, please let me know. Email (steubenvilleATL@lifeteen.com) is the best way to contact me, but if you are not able to, you can call me at 404-732-7261.

2 forms- Teen Liability Release & Expectations of Participants- one each per participant.

You are to bring 2 copies of each of the liability and release forms with you to the conference. DO NOT MAIL THESE TO US. Put one set of **alphabetized** forms in a notebook to be handed in when you register at the conference. You will keep the other copy with you at all times during the conference. Remember that one liability/medical form **and** expectation/guidelines form must be completed for each person attending.

Steubenville Atlanta 2010



Each participant is expected to adhere to the following principles while at the Steubenville Atlanta Conference 2010:

SHOW LOVE AND RESPECT FOR GOD:

1. Pray daily for self and others.
2. Receive the Sacraments.
3. Participate in the activities.
4. Be open, flexible, and have a servant's attitude.
5. Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

1. This is a "no smoking" weekend.
2. Responses from past conferences, from both sexes, have requested that the opposite sex dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, low cut tops, or guys without shirts are strongly discouraged for this conference.
3. Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
4. Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
5. Any CD's or music you bring should glorify God.
6. If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

SHOW LOVE AND RESPECT FOR OTHERS:

1. Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
2. All words and actions you use should build up others and not injure.
3. No teenagers are allowed to drive to or from the conference due to limited parking and liabilities.
4. The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Don't bring food or drinks to the rooms and pick up trash if you see it.
5. No outside visitors at the conference please.
6. All aisles and the stage area must remain clear for safety reasons. Remain in your youth group's area at all times.
7. Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
8. Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers or halls after "Lights Out".

I have read, understand, and agree to the above principles.

Signature: _____ **Date:** _____



LIABILITY/MEDICAL RELEASE FORM – TEEN PARTICIPANT

(ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)



Event: Steubenville Atlanta 2010

Group Leader _____ Group Name: _____

Participant's Name _____ M/F _____ Year of Graduation _____

Date of Birth _____ E-mail _____

Parents/Guardian: (Mr. & Mrs.)(Mr.)(Ms.)(Mrs.) circle one First _____ Spouse _____ Last _____

Home Address _____ City _____ State _____ Zip _____

Parents Home Phone # (_____) _____ Parents Work Phone # (_____) _____

Parents Cell Phone # (_____) _____ Parents Other # (_____) _____

Parents Address if different than Participants: First _____ Last _____

Address _____ City _____ State _____ Zip _____

LIABILITY RELEASE

- ❖ I give permission to my above named son/daughter to attend this Steubenville Atlanta Event.
- ❖ As parent or legal guardian, I remain fully responsible and liable for any claims brought against Steubenville Atlanta/LIFE TEEN, Inc, which may result from any action taken by my child.
- ❖ My teen and I have read and understood the expectations and guidelines for this event and will cooperate with these rules. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense, as outlined in the consequence policy.

Parent Signature: _____ **Date:** _____

MEDICAL HISTORY

PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

EMERGENCY MEDICAL TREATMENT:

- ❖ In the event of an emergency, I hereby give permission to Steubenville Atlanta/LIFE TEEN, Inc, its officers, directors, agents, volunteers and representatives associated with this event to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.
- ❖ I relieve Steubenville Atlanta/LIFE TEEN, Inc. of all responsibility and consequences that may arise as a result of this treatment. I will not hold Steubenville Atlanta/LIFE TEEN, Inc. liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Parent Signature: _____ **Date:** _____

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance in provided by which parent and/or place of employment? _____

Address and Phone Number of Company: _____

In the event it comes to the attention of Steubenville Atlanta/LIFE TEEN, Inc., its officers, directors, agents, volunteers and representatives associated with this event, that my child becomes ill with symptoms such as severe headache, vomiting, fever, diarrhea, I want to be called.

Parent Signature: _____ **Phone:** _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name: _____

Relationship: _____ Telephone: # (_____) _____