

FLORIDA CONFERENCE UNITED METHODIST WOMEN - MISSION u YOUTH REGISTRATION FORM

July 11 – July 14, 2019, Florida Southern College, Lakeland, Florida

Please fill out carefully and completely – Please print legibly – No Lunch on Sunday

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Gender: _____ Age: _____ Date of Birth: _____ Grade entering in Fall 2019: _____

Name of Church: _____ City: _____ District: _____

Choice of Roommate: _____

Parent or Legal Guardian: _____ Email: _____

Home/Work Phone: _____ Cell Phone: _____

EMERGENCY INFORMATION (must be completed):	
Emergency Contact: _____	Phone: _____
Physician Name: _____	Phone Number: _____
Insurance Carrier: _____	Policy #: _____
Allergies, medical concerns, health/dietary needs: _____	
Is your child receiving any medical attention at this time? Yes _____ No _____	
If yes, please explain: _____	
Does your child have any SPECIAL NEEDS? Yes ___ No ___ If yes, please explain: _____	

LIABILITY AND MEDICAL RELEASE:

I give my permission for my child _____ to attend the Florida Conference United Methodist Women Mission u July 11-14, 2019 at Florida Southern College, Lakeland, Florida.

I understand that I cannot hold the Florida Conference staff or volunteer leadership responsible for any accident or injury, which my daughter/son may incur while participating in this event. I also understand that if my daughter/son becomes ill or injured during this event, I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary by qualified medical care providers, hospitals or physicians.

Parent/Guardian Signature _____ Youth Signature _____ Date _____

Registration Fees (Room & Meals)	
If postmarked by May 31	\$200
If postmarked after May 31	\$220
Amount	_____

Registration Fees (Commuter Only)	
If postmarked by May 31	\$50
If postmarked after May 31	\$70
Amount	_____

T-Shirt - \$10 Each		
<i>(Saturday will be T-Shirt Day)</i>		
Adult - XS, S, M, L, XL, 2X, 3X, 4X		
Size	Quantity	Amount \$

Total Amount Enclosed: _____

<p>MAIL registration and check, payable to Florida Conference United Methodist Women Mission u, to: Judi Frameli, 13508 Old Florida Circle, Hudson, FL 34669. (813-428-0404, judiframeli.umw@gmail.com)</p> <p>REFUNDS: Will be made by written request ONLY and must be submitted to the Registrar by July 5, 2019.</p>
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2019 MISSION PROJECT: This year we will be collecting gift cards for Walmart or Target for Cornerstone Family Ministries. Checks payable to Cornerstone Family Ministries will be also be acceptable.

A completed Children/Youth Covenant Form MUST accompany this registration form

CHILDREN/YOUTH COVENANT

FLORIDA CONFERENCE UNITED METHODOIST WOMEN 'MISSION u'

As a child/youth attending 'Mission u,' I take seriously my responsibility and affirm my commitment for the well-being and safety of others and myself. I agree to remain on the site of the event unless I have been given permission to leave by the Dean of 'Mission u.' I will attend all activities, sessions, and meals. I will observe scheduled curfews by being in my room at the appointed time and I will respect the rights of others.

I understand that anything considered illegal for minors (persons under 18) under civil and criminal law applies to this event or meeting as well. Therefore, I will not use tobacco, illegal substances, or alcohol, nor will I possess any firearms, weapons, or fireworks. I will respect the equipment and property of others and care for the facility, which we share. Any damages to the facility will be the sole responsibility of the person or persons who caused the damage and the Parent/Guardian of each person responsible. I understand that the dress code is the same as the dress code in public schools, and I will observe that code.

I understand that if I break the covenant, and if the brokenness cannot be reconciled, my parent and/or legal guardian will be contacted and my participation in the event will be terminated.

Child/Youth Signature

Date

PARENTAL CONSENT FORM

I give my permission for my daughter/son _____ to participate in the Florida Conference United Methodist Women 'Mission u,' July 11-14, 2019 at Florida Southern College, Lakeland, Florida. I am aware of the purpose of this event and understand the full scope and nature of the programs and activities my daughter/son will participate in. I agree that any photographs, videos and/or other images taken of my daughter/son at the United Methodist Women's 'Mission u' may be used to promote 'Mission u.' I have read the Covenant, which my daughter/son has signed, and I understand the responsibilities she/he has agreed upon. I will support her/him fulfilling this Covenant.

Parent/Guardian Signature

Date

In case of emergency, you may contact me at _____ or _____.
Home phone # Cell phone #

This form must accompany the registration form & payment for Children and Youth for Mission u.