

Youth Registration (Ages 12-18)
2019 Louisiana Conference UMW Mission u

Please print
This registration packet has four (4) pages.

- Resident Student Double Room
- Resident Student 3-4 to Room
- Non-Resident Student

Office Use Only	
Date	_____
Ck #	_____
Amt	_____
Forms	
<input type="checkbox"/> Covenant	
<input type="checkbox"/> Parental Consent	
<input type="checkbox"/> Medical Release	

Birthdate: _____

Church: _____ District: _____

Name: _____ G First-timer?
As you want it on your name tag

Address: _____
Street or PO Box City State Zip Code

Telephone, Home: (_____) _____ Cell: (_____) _____

Email: _____

Preferred Roommate(s): _____

In case of emergency, contact: Name _____

Telephone, Home: (_____) _____ Cell: (_____) _____

Special Housing/Classroom Needs: _____

Make check for **\$15** (registration fee), payable to: **Louisiana Conference UMW**
Mail check, registration form, and completed and signed Covenant, Parental Consent, and Medical Release forms to:
Debbie Cottrell, Registrar, 104 Phillip Avenue, Lafayette, LA. 70503 Phone: 337-288-2852 (Cell) 337-232-5728 (Home)
Email: dcottrell701@aol.com. Confirmation information will be sent to you either by letter or email.

Youth will participate in their own study: *Gospel of Mark*. They will also participate in selected total group activities throughout Mission u. You are encouraged to obtain your study book prior to coming to Mission u. Study books may be ordered from our Mission Resource Center (1-800-305-9857 or <http://www.umwmissionresources.org>) under Education Resources.

**All participants MUST submit completed and signed
Covenant, Parental Consent, and Medical Release forms to attend!**

Covenant

As a participant in Mission u, I, _____, take seriously my responsibility and affirm my commitment for the well-being and safety of myself and others; understanding that the youth leaders have been charged with the responsibility for my safety, I will follow all the guidelines given to me. I agree to remain on the site of the event unless I have been granted permission to leave by my adult chaperone. I agree to remain with the group and to attend all scheduled activities, sessions, and meals. I will observe published curfews by being in my room, being quiet, and not disturbing others. I understand that anything considered illegal for minors (persons under 18) under civil law and criminal law applies to this event as well. Therefore, I will obey all laws, 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 damage to the facility will be the sole responsibility of the person or persons who cause the damage and the parent or legal guardian of each person responsible.

This covenant is made between each teen woman and the entire group. I understand that if I break the covenant, and if the brokenness cannot be reconciled, that my parent or legal guardian will be contacted and my participation in Mission u may be terminated.

Youth Participant's Signature

Date: _____

Parental Consent

I give my permission for my daughter, _____, to participate in Mission u, to be held at the Wesley Center, Woodworth, LA, July 18-20, 2019. I am aware of the purpose of this event and understand the scope and nature of the programs and activities my daughter will participate in during Mission u. I have read the covenant which my daughter has signed, and I understand the responsibilities she has agreed to. I will support her in fulfilling this covenant. I also give my permission for my daughter to go on a field trip in connection with the School.

I designate _____ to be the chaperone for my daughter during Mission u to be held July 18-20, 2019, at the Wesley Center, Woodworth, LA.

Signature of Parent or Legal Guardian

Date: _____

Printed Name

Medical Release Form

All participants are required to provide medical and insurance information as well as parental consent for necessary treatment in the event of illness or injury.

Participant's Name _____

Address _____

Street

City

State

Zip Code

Date of Birth _____

Father's Name _____

Home

Work

Telephone # _____

Telephone # _____

Mother's Name _____

Home

Work

Telephone # _____

Telephone # _____

Legal Guardian's Name _____

Home

Work

Telephone # _____

Telephone # _____

Other Contact Person's Name _____

Home

Work

Telephone # _____

Telephone # _____

Family Physician's Name _____ Telephone # _____

Insurance Carrier _____

Plan # _____ Policy # _____

Date of last tetanus booster _____

Allergies (Insect Sting, Food, or Drug) _____

Is the participant under the care of a physician for a medical problem? _____

If yes, please explain _____

Is the participant taking medication prescribed by a physician? _____

If yes, please list _____

Other information an attending physician needs to be aware of _____

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for the participant by qualified medical care providers, hospitals, or physicians while the participant is en route to or from or in attendance at Mission u, to be held July 18-20, 2019, at the Wesley Center, Woodworth, LA.

Signature of Parent or Legal Guardian

Printed Name

Relationship to Participant

Date

General Information

Dates: Thursday, July 18th, through Saturday, July 20th

Thursday: Registration: 8:00 - 9:30 a.m. Opening Session starts at 9:30 a.m.

Lunch: 12:00. - 12:45 p.m.

Closing Session will end by noon on Saturday

Site: The Wesley Center, Woodworth, Louisiana

Registration Deadline: July 6th. No refunds after July 13th.

\$15 registration fee includes insurance coverage from the time you leave your home, through your stay, and your return home. It also includes your program book. Late registrations will be accepted but if you register late, you might not have a program book.

Rooms are limited and are assigned on a first-come basis until full. When rooms are filled, information on alternative housing will be made available.

Meals, rooms, and non-resident day rates will be paid upon arrival to the Wesley Center.

The following **resident costs** include meals and lodging for the three-day/two-night stay for Mission u:

Double room \$ 168.00 per person

3-4 to a room \$158.00 per person

For **special dietary needs**, call the Wesley Center:
318-449-4500.
All **linens** are provided, and **wireless internet** is available all over the campus.

Non-residents: \$11 per person per day plus meals:

All meals \$35.00

Dinner only \$14.00

Lunch only \$12.00

Breakfast only \$ 9.00

Meal Selection: Please Check		
7/18	7/19	7/20
	Breakfast <input type="checkbox"/>	Breakfast <input type="checkbox"/>
Lunch <input type="checkbox"/>	Lunch <input type="checkbox"/>	
Dinner <input type="checkbox"/>	Dinner <input type="checkbox"/>	

Please bring all prescription and OTC medications. A first-aid kit will be available.

Directions or for more information, contact: Vickie Bollinger, Dean at 985-872-0119, or at hairlady53@comcast.net ; Brenda Thomas-Nero, Assistant Dean at 225-588-4235, or at BreNe3@aol.com

United Methodist Women abide by *Safe Sanctuaries Guidelines*, including the "two-adult rule" which mandates that the girls be supervised by two unrelated adults both in class and in the dorms. However, there is an exception, a mother, grandmother or aunt may room with their own daughter, granddaughter, or niece without another adult being present.

All participants **MUST** have parent's consent and medical release forms to attend.