

FLORIDA CONFERENCE UNITED METHODIST WOMEN - MISSION u ADULT REGISTRATION FORM

Please fill out carefully and completely – Please print legibly

Circle (Mr. Mrs. Ms. Dr. Rev.) Name: _____ Phone: _____

Address: _____ Email: _____

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

Name of Church: _____ City: _____ District: _____

If you are a **District** and/or **Conference Officer**, what is your position? _____

Please circle all that apply:

First-Time Attendee	Member UMW	Attending College/University	Pastor (not ordained)
Laity	Missionary	Clergy	Deaconess

AGE RANGE

18-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	90+	Prefer not to Answer
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ETHNICITY

White	Caribbean	Hispanic/ Latinx	Native American	Pacific Islander	Other
Black/African-American	Haitian	Asian	African	Alaska Native	Prefer not to Answer

To All Mission u Attendees: *Your Mission u Committee has been asked to provide your name and contact information to UMW National so they can promote greater engagement and share about other UMW programs. The data provided would be your full name, address, phone number, email address, local church, and UMW District. If you **do not** wish to receive information about additional program opportunities from United Methodist Women and **do not** give your permission for the registrar to share this data with the National Office, please initial here:*

1) ZOOM (virtual) – select all classes you would like to attend (\$20 non-refundable registration fee)

- _____ Bearing Witness – *English* - Day One June 19 and Day Two June 26
- _____ Bearing Witness – *English* - July 15-July 17 (times TBD – concurrent with on-site)
- _____ Push-Out – *English* - Day One June 19 and Day Two June 26
- _____ Push-out – *English* – July 15-July 17 (times TBD – concurrent with on-site)

2) ON-SITE (at Warren Willis UM Conference Center) – select one class only (\$20 non-refundable registration fee will be applied to balance due or concurrent Zoom class if on-site cancelled)

___ Bearing Witness (<i>English</i>)	___ Bearing Witness (<i>Creole</i>)	___ Bearing Witness – <i>Korean</i>
___ Bearing Witness (<i>Spanish</i>)	___ Push-out – <i>English</i>	___ Push-out – <i>Creole</i>

Disclaimer: *By attending Mission u, you are acknowledging that an inherent risk of exposure to COVID-19 exists in any public place where people are present. Further, you and any guests voluntarily assume all risks related to exposure to COVID-19 and agree not to hold the Florida Conference United Methodist Women, Mission u, or volunteers liable for any illness or injury.*

EMERGENCY INFORMATION (must be complete if you will be attending in person):

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Mobility Needs: _____

Allergies, medical concerns, health/dietary needs: _____

1st Floor Room: _____ Wheelchair Access: _____ Wheelchair Access Shower: _____ Meals: 1st Shift _____ 2nd Shift _____

**MAIL registration and check, payable to Florida Conference United Methodist Women Mission u, to:
Judi Levan, 19852 Lonesome Pine Dr., Land O Lakes, FL 34638. (813-428-0404, judilevan.umw@gmail.com).**

COSTS TO ATTEND MISSION u ON LOCATION

Adults and High School Youth - \$150
\$20 due upon registration, \$130 due in June
(\$20 is nonrefundable, but may be applied to concurrent Zoom class)

Single room Thursday night through Saturday morning

Thursday - dinner

Friday – breakfast, lunch, dinner

Saturday – breakfast

Youth 6th- 8th grade - \$100
Registration free, \$100 due in June

Shared room (with family) Thursday night through Saturday morning

Thursday - dinner

Friday – breakfast, lunch, dinner

Saturday – breakfast

Kindergarten – 5th grade - \$80
Registration free, \$80 due in June

Shared room (with family) Thursday night through Saturday morning

Thursday - dinner

Friday – breakfast, lunch, dinner

Saturday – breakfast

Children under 4 - \$0

Commuter Only - \$40 (no meals available)

Registration on Eventbrite at: <https://www.eventbrite.com/e/148295725507>

OR

Use the paper registration forms mailing them to Judi Levan, registrar!

Deadline: May 15!

Adult Study Leaders

Dr. Lorraine Mayfield-Browne
Dr. Anne Winn
Dr. Amy Mormino
Reverend Lee Hall-Perkins
Grace Okerson
Reverend Michelle Schrader
Ruth Jean-Pierre

Reverend Lia Icaza-Willetts
Danny Davis
Paulet Royes-Neale
Norla Cruz
Reverend Jetro Jeune
Reverend Inhong Lee
Reverend Dr. Latricia Scriven

FLORIDA CONFERENCE UNITED METHODIST WOMEN - MISSION u Grades 9th through 12th (Grade in Fall 2021)
Please fill out carefully and completely – Please print legibly

Circle (Mr. Mrs. Ms. Dr. Rev.) Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Gender: _____ Age: _____ Date of Birth: _____

Grade entering in Fall 2021: _____ Name of Church: _____ District: _____

Parent or Legal Guardian: _____ Email: _____

Home/Work Phone: _____ Cell Phone: _____

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EMERGENCY INFORMATION (must be completed):

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone Number: _____

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 15-17, 2021 at Warren Willis Conference Center, Fruitland Park, 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

MAIL registration and check, payable to **Florida Conference United Methodist Women Mission u**, to:
Judi Levan, 19852 Lonesome Pine Dr., Land O Lakes, FL 34638. (813-428-0404, judilevan.umw@gmail.com).

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

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**FLORIDA CONFERENCE UNITED METHODIST WOMEN - MISSION u
REGISTRATION FORM – Grades Kindergarten through 8th Grade (Grade in Fall 2021)**

Please complete completely for each child attending. Kindergarten through 8th Grades will be housed with parent/legal guardian. Please print legibly.

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Gender: _____ Age: _____ Date of Birth: _____

Grade entering in Fall 2021: _____ Name of Church: _____ District: _____

Name of Adult with whom child is rooming: _____

Parent or Legal Guardian: _____ Email: _____

Home/Work Phone: _____ Cell Phone: _____

EMERGENCY INFORMATION (*must be completed*):

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone Number: _____

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 15-17, 2021 at Warren Willis Conference Center, Fruitland Park, 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

Child Signature

Date

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

FLORIDA CONFERENCE UNITED METHODIST WOMEN - MISSION u
REGISTRATION FORM - Children under 5 years of Age
Please fill out carefully and completely for each child attending– Please print legibly

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Gender: _____ Age: _____ Date of Birth: _____

Name of Church: _____ City: _____ District: _____

Name of Adult with whom child is rooming: _____

Parent or Legal Guardian: _____ Email: _____

Home/Work Phone: _____ Cell Phone: _____

EMERGENCY INFORMATION (*must be completed*):

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone Number: _____

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 15-17, 2021 at Warren Willis Conference Center, Fruitland Park, 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

Date

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 15-17, 2021 at Warren Willis United Methodist Camp & Conference Center, Fruitland Park, 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.