

**FLORIDA CONFERENCE UNITED METHODIST WOMEN - MISSION u  
REGISTRATION FORM – Grades 9<sup>th</sup> Grade through 12<sup>th</sup> Grade (Grade in Fall 2020)**

July 9 – July 12, 2020, Florida Southern College, Lakeland, Florida

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade entering in Fall 2020: \_\_\_\_\_ Name of Church: \_\_\_\_\_ 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: \_\_\_\_\_

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 9-12, 2020 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 <b>June 1</b>	\$200
If postmarked after June 1	\$225

Amount \_\_\_\_\_

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

**Total Amount Enclosed:** \_\_\_\_\_

Registration Fees (Commuter Only)	
If postmarked by <b>June 1</b>	\$50
If postmarked after June 1	\$75

Amount \_\_\_\_\_

**MAIL registration and check, payable to Florida Conference United Methodist Women**

**Mission u, to:**

*Judi Levan, 13508 Old Florida Circle, Hudson, FL 34669.*

*(813-428-0404,*

[judilevan.umw@gmail.com](mailto:judilevan.umw@gmail.com))

REFUNDS: Will be made by written request ONLY and must be submitted to the Registrar by July 5, 2020.

*2020 MISSION PROJECT: This year we will be collecting gift cards for Publix & Winn-Dixie for Wesley House Family Services. Checks payable to Wesley house Family Services will 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 9-12, 2020 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.***