

**Youth Registration (Ages 5-18) 2024**  
**Louisiana Conference UWF 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: \_\_\_\_\_  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 **\$20** (registration fee), payable to: **Louisiana Conference UWF**  
Mail check, registration form, and completed and signed Covenant, Parental Consent, and Medical Release forms to:

Robin Jones 390 Freeman Loop Robeline LA 71469 318-228-3099 rjones1129@gmail.com  
Confirmation information will be sent to you either by letter or email.

Youth (12-18) will participate in their own study that is based on the book *Cultivating Symbiosis: The Nature of God's Kin-dom* by Nica Sy. The Children's study (5-11) is based on *Me in the Kin-dom* by Kathy Cook.

**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 19-20, 2024. 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 19-20, 2024 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