

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

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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/son, _____, to participate in Mission u, to be held at the Wesley Center, Woodworth, LA, July 25-26, 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 25-26, 2025 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 in route to or from or in attendance at Mission u, to be held July 25-26, 2025, at the Wesley Center, Woodworth, LA.

Signature of Parent or Legal Guardian

Printed Name

Relationship to Participant

Date