



REGISTRATION FORM
2018 North Alabama Conference Mission U
July 26 – 28, 2018
EMBRACING WHOLENESS

Deadline for registration is July 14, 2018

BUILDING: _____
ROOM#: _____
CK #: _____
RCT: _____

Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Email _____ Roommate Choice _____

Local Church _____ District _____

Emergency Contact _____ Phone # _____

Special Needs: _____

(Example: Mobility, Language, Food, Vision, etc.)

Teaching a Mini School? Yes _____ No _____ Maybe _____

Please check all that apply:

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> First Time Attendee | <input type="checkbox"/> Unit Officer | <input type="checkbox"/> CEU Credit | <input type="checkbox"/> District Officer |
| <input type="checkbox"/> Female | <input type="checkbox"/> Clergy | <input type="checkbox"/> Study Leader | <input type="checkbox"/> Conference Scholarship |
| <input type="checkbox"/> Male | <input type="checkbox"/> Laity | <input type="checkbox"/> Mission School Team | <input type="checkbox"/> District Scholarship |

Study Group Selection

Everyone will be able to take two classes. Please place a 1 & 2 by the studies below to select your preference.

- _____ Embracing Wholeness (Spiritual Growth Study)
 _____ What About Our Money—Adult Study (Social Action Study)
 _____ Money Matters: A Children's Study

Registration Fee (Registration: Thurs., July 26th, 4- 5 pm & Fri., July 27th, 7:45-8:45am)

- | | |
|---|----------|
| <input type="checkbox"/> Full Time: \$175.00
(includes lodging and meals, based on double occupancy) | \$ _____ |
| <input type="checkbox"/> Commuter: \$40.00
+ Number of Meals | \$ _____ |
| _____ x \$9/lunch | \$ _____ |
| _____ x \$12/dinner | \$ _____ |

Child Care Registration (Child stays in room with adult.)

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Under 5: Free | |
| <input type="checkbox"/> 5 Year Olds: \$35.00 | \$ _____ |
| Name: _____ | Age _____ M or F (circle one) |

T-shirts (Optional)

- T-Shirt: \$16.00
 Circle Size: S M L XL XXL XXXL

If registration is received after July 14 th , t-shirts cannot be ordered.

\$ _____

MAKE CHECKS PAYABLE TO NACUMW AND MAIL WITH COMPLETED FORM NO LATER THAN JULY 14, 2018 TO:

Teresa Aldrich, 103 Spring Street, Springville, AL 35146
 Phone: (205) 863-8083 Email: teresacaldrich@gmail.com

NEW: Health Form must be completed and provided at Registration.

Camp Information for Emergency Only: (256) 539-9860
DO NOT CALL CAMP FOR ANY REGISTRATION INFORMATION

Amount Enclosed: \$ _____

Registration: Thursday, 4:00-5:00 pm Friday, 7:45-8:45 am Program ends Saturday at 2:30 pm
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Health Form

Authorization for Emergency Medical Treatment Form

Name _____ DOB _____

Physician's Name _____ Phone # _____

Health Insurance Company _____ Policy # _____

Allergies to medications _____

Current medications _____

In the event of emergency, contact:

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event, I authorize the NAC UMW to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my health information to the authorized individual or agency involved in the medical emergency treatment.
3. I hold harmless the North Alabama Conference United Methodist Women, the North Alabama Conference, the United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached. I hold harmless the North Alabama Conference United Methodist Women, the North Alabama Conference, the United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid in the cases of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place:

I hold harmless the North Alabama Conference United Methodist Women, the North Alabama Conference, the United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Date _____ Witness Signature _____