



*Faith
Without
Fear*

NORTH ALABAMA CONFERENCE
UNITED METHODIST WOMEN

Refresh & Retreat

A Spiritual Enrichment Event

April 7, 2018

Sumatanga Camp and Conference Center
Joe Green Auditorium

BUILDING: _____
ROOM#: _____

CK #: _____
RCT: _____

8:00-8:45 a.m. - Registration,
Book Room, Refreshments
8:45 a.m. - Gathering Music
9:00 a.m. - Session begins
3:30 p.m. - Session ends

Pre-Registration:

Adult (includes lunch) **\$15.00**

Child (ages 4-10 lunch) **\$ 5.00**
(ages 3 & under no charge)

Registration Deadline
March 31, 2018

**Please mail your check and
completed registration form
to:**

Teresa C. Aldrich
103 Spring Street
Springville, AL 35146
teresacaldrich@gmail.com

ADULT

Name _____

Address _____

City & Zip _____

District _____

Phone _____

Email _____

CHILD

Name _____

Age _____ M _____ F _____

Allergies _____

Amount enclosed \$ _____

Overnight accommodations for Friday,
April 6th can be arranged.
Please contact Teresa C. Aldrich
for additional information.

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 _____