



Please mail this completed form and your payment to:  
Faye Henson, PO Box 535, Weatherford, OK 73096



Mission u  
2024 July 18 - 20, 2024  
Oklahoma City University

Cost: \$175 (staying on campus)  
includes 2 nights lodging and 6 meals

\$100 (commuter)  
includes 6 meals

**Registration Deadline by Email is Monday, July 8, 2024**

**Child (1st—5th Grades) Registration Form**  
(please fill out a form for each child)

First: Last: Gender: Date of Birth: Grade This Fall:  
Address: City: State: Phone:  
Parent/Guardian Email: Church Name : Number of Years Request 1st Time Attendee  
Attended: Scholarship  
Special Needs:

**Emergency Contact Information**

First: Last: Phone: Relationship:

Children’s Study: **Me in the Kin-Dom** (no book needed)

**What to Bring:** You will need full sheets and a blanket for your bed. Also, comfortable clothing (including a sweater or light jacket, pillow, towel and wash cloth and personal hygiene items.

**Parental Consent Form:**

To whom it may concern: the undersigned does hereby give permission for my child: \_\_\_\_\_ (name of child) to attend and participate in activities sponsored by MISSION u 2024 on July 18-20, 2024. I/We authorize an adult, in whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for my (our) child to return home due to medical reasons, or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my (our) child to ride any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by MISSION u. I consent to the use of my child’s image or voice in photographs, audio and/or video recordings taken during the course of the event for the purpose of promoting MISSION u.

Parent/Guardian Name: Parent Cell Phone Number: Parent Alternate Number:  
Insurance: Insurance Company: Policy #:  
Youth Participant Signature: Parent/Guardian Signature: I understand that by typing my name it is represents my legal signature. \_\_\_\_\_

If you have questions, please contact **Glenda Gilpin, 580.522.1070, or email: gilpin1070@gmail.com**  
**or Linda Tucker, 918-894-3674, or email: liltuck76@gmail.com**