

*Important!*  
**2019 TO DO LIST**  
*Important!*



DATES TO REMEMBER, ALL 2019:	
<b>April 1</b>	– Registration form & \$50 deposit deadline – Send to Deanna Holland
<b>April 1</b>	– Medical Form deadline – <b>Must be notarized.</b> – Send to Rhonda Durant
<b>April 1</b>	– Adult Reference Form deadline – Adult sends to Venedith Vargas
<b>May 15</b>	– \$400 balance due – Send to Deanna Holland
<b>June 1</b>	2:00 p.m. – Check-in at 1 <sup>st</sup> UMC, 600 SW Topeka Blvd., Topeka, KS
<b>June 11</b>	noon – Pick up at 1 <sup>st</sup> UMC, Topeka

1. There are 4 documents in this registration packet:
  - a. This TO DO list – Keep this list!
  - b. Registration Form – Deadline: April 1
  - c. Medical Form – 3 pages – Deadline: April 1
  - d. Adult Reference Form – Deadline: April 1

**READ EVERYTHING ON ALL PAGES!!**

2. Registration Form
  - a. Fill out **COMPLETELY!**
  - b. Include a registration deposit of \$50 (check made out to GP UMW METour)
  - c. Mail to Registrar, postmarked on or before April 1, 2019:

Deanna Holland, METour Registrar  
9048 E. Hoyt Rd.  
Filley, NE 68357  
Cell Phone: 402-806-1199  
Email: [HollandFarms1@gmail.com](mailto:HollandFarms1@gmail.com)

- d. Upon receipt of your registration and check, the registrar will email a confirmation to you, along with additional information. Email will be our main method of communication.

3. Medical Form
  - a. Fill out completely and mail by April 1 to:

Rhonda Durant, Nurse Practitioner  
5815 Tobacco Rd.  
Hutchinson, KS 67502

- b. **REQUIRED:** Include a photocopy or cell phone photo of your insurance card, both front and back.

4. Adult Reference
  - a. Write your first and last names in the blank in the middle of the page.
  - b. Take this form to a responsible adult (pastor, youth director, Sunday School teacher, or other) and ask her/him to fill it out.
  - c. This adult is asked to fill it out and mail it to:

Venedith Vargas, METour Director  
Box 222  
Overton, NE 68863  
by April 1, 2019.

5. Mail the \$400 balance to Deanna Holland BY MAY 15, 2019. Make out check to GP UMW METour.

**PRINT LEGIBLY**

THIS ENTIRE FORM  
MUST BE COMPLETED.

# 2019 METour REGISTRATION FORM

DEADLINE: Postmarked on or before APRIL 1, 2019



**PARTICIPANT** .....

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name For Name Tag: \_\_\_\_\_ Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Number \_\_\_\_\_

Age on June 1, 2019 \_\_\_\_\_ Birth Date \_\_\_\_\_ School Grade (2018-2019) \_\_\_\_\_

Email Address (*Primary method of communication*) \_\_\_\_\_

*This doesn't have to be the METour participant's email address.*

*It must be one that's checked every day by someone who will get messages to participant.*

First & Last Name of This Email Address Owner \_\_\_\_\_

Participant's T-Shirt Size (*circle one*): S M L XL XXL

Participant's Church Name, Town & State \_\_\_\_\_

Are you receiving a METour scholarship? YES NO (*circle one*) If YES, the amount is: \_\_\_\_\_

If YES, from whom are you receiving a scholarship? (*This may be your church, UMW, or another group or an individual*)

\_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Person's Phone (*circle one*) \_\_\_\_\_ Text OK? Yes No (*circle one*)

Please answer these two questions in a paragraph or two:

- Why are you going on the METour?
- What are your interests, activities and organizations?

Use the back of this form or a separate piece of paper (write your first and last names at the top of the page).

**#1 PARENT or GUARDIAN CIRCLE ONE** .....

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

**#2 PARENT or GUARDIAN CIRCLE ONE** .....

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

FOR OFFICE USE:

DATE RECEIVED \_\_\_\_\_ AMT. ENCLOSED \_\_\_\_\_ CHK NO. \_\_\_\_\_

## Medical History and Authorization Form

This form is **MANDATORY**. Must be completed by participant's legal guardian.  
 For Medical release to be valid a **Notary's signature is required.** (See bottom of Medical Form Page 3)  
**Please mail completed form by May 15<sup>th</sup> to Rhonda Durant, 5815 Tobacco Rd., Hutchinson, KS 67502**

Name of Participant \_\_\_\_\_

Participant's Cell Phone \_\_\_\_\_ Allow Text? Yes No (circle one)

Date of Birth \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Allow Text? Yes No (circle one)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (someone who can contact parent/guardian who is not listed above, maybe a friend, neighbor, co-worker, etc.)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Is participant covered by Health Insurance? Yes No (circle one)

If yes, carrier or policy name \_\_\_\_\_

Policy number \_\_\_\_\_ Policy Holder \_\_\_\_\_

Date of birth of policy holder \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Mailing address of insurance company \_\_\_\_\_

**Please include a copy of your health insurance card.**

Allergies – Describe cause, reaction and treatment

Insect bites/stings \_\_\_\_\_

Foods \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

Health Conditions – Please indicate if participant has any of the following and how it is best handled.

asthma	seizures	fainting	sleepwalking
hearing impaired	vision impaired	motion sickness	heart conditions
migraines	chronic illness	diabetic	other

Please explain any above marked conditions \_\_\_\_\_

Please describe any past/recent medical treatment or illness \_\_\_\_\_

Are the participant's immunizations current? Yes No (circle one) Date of last health exam \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Must be within last 10 years. If longer than 10 years, please contact physician.

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

**MEDICATIONS** (prescription, vitamins, etc.) must be in their original containers and turned in to Rhonda Durant, the METour Nurse Practitioner, at the time of arrival for check-in at Topeka, KS on June 1.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Used for \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Used for \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Used for \_\_\_\_\_

Any scheduled medication that will NOT be taken on the tour? \_\_\_\_\_

**\*\* All medications need to be brought to the METour nurse practitioner at check-in. \*\***

You will be contacted if your child is exposed to a communicable disease, if outside medical attention is necessary or if there is a discipline problem that jeopardizes the safety of other participants. Please indicate any physical, mental or emotional conditions that could/would restrict activity while on the METour: \_\_\_\_\_

**MEDICAL AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, hereby appoint Rhonda Durant, METour nurse practitioner, for the purpose of authorizing and consenting to hospital care and/or medical treatment of \_\_\_\_\_ (Participant's name) for any illness

or injury that may occur while said minor is in the care and/or custody of said agent(s) and while I am not immediately available to give such consent. This authorization shall include administering over the counter medicine for minor illness or injury and/or examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state (or country) in which they practice, during the duration of the trip identified below. I assume responsibility of payment for any care or treatment provided to said minor.

The above-named participant has no physical or mental disabilities that would impair her participation, except as noted in the Medical History. The participant is currently taking only the medications listed in the Medical History. The participant has no known allergies except as noted in the Medical History (Medical Form Page 1). All information contained in the Medical History is true and correct to the best of my knowledge.

I hereby grant permission and consent for \_\_\_\_\_ (participant's name) to participate in all activities of the METour, and to allow the METour staff, the Great Plains Annual Conference of the United Methodist Church, the Great Plains UMW and The United Methodist Church to take photographs, audio-visual recordings, and interviews of the above-named participant during the METour. I further give permission and consent for such agencies to make use of such images and recordings as they deem appropriate, including but not limited to publication and use to illustrate, report, promote and advertise the METour, including but not limited to, use in websites, catalogues, brochures, flyers, and general promotional materials. I also give permission and consent for the use of the name of the above-named participant in connection with such images and recordings, but I understand that images and recordings may be used without identifying the participant or any other subjects by name. I understand and agree, on behalf of myself and the above-named participant, that neither I nor the above-named participant will receive any compensation for the use of any images or recordings.

I understand that there are or may be risks, dangers, and hazards, both natural and man-made, associated with travel and with participation in the other activities of the METour, including, but not limited to, negligence of other participants and negligence of staff members or other persons. On behalf of myself and the above-named participant, I acknowledge and accept the risk of any injury related to participation in the METour and do hereby waive and release any action, cause of action, or claim of liability against the METour staff, The United Methodist Church, The Great Plains Annual Conference of the United Methodist Church, the Great Plains UMW and any related district, district union, local church, member, employee or agent, for any loss, damages, accident, or injury of any kind (whether to person or to property) which may arise in connection with, or result from, the METour, and I agree to indemnify, protect, and hold harmless The METour staff, The Great Plains Annual Conference of The United Methodist Church, and The United Methodist Church, the Great Plains United Methodist Women, and their officers, agents, and employees, from any and all such claims.

The METour leadership team will not transport METour participants in their personal vehicles. Parents or legal guardians unable to pick up on June 11, 2019 at noon must designate who will.

\_\_\_\_\_ will be riding home with \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Allow Text? Yes No (circle one)

I hereby give permission and consent for the METour staff to release the above-named participant to the custody of said person.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

A copy of this document has the same force and effect as the original.

*Notarization of Medical Authorization and Release form:*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(month) (year) (name of person)

personally appeared before me and who is known to be the same person described within and who executed this instrument and who acknowledged the same to be the free act and deed thereof.

\_\_\_\_\_ Notary Public

\_\_\_\_\_ Count

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

# ADULT REFERENCE

The METour (Mission Education Tour) is a multi-day mission experience for young women (ages 15-20) sponsored by the Great Plains United Methodist Women. METour participants have the opportunity to engage in hands-on mission work, learn about United Methodist Women and experience the United Methodist connection by visiting and working at National Mission Institutions, Volunteer in Mission sites and United Methodist-related agencies.



The 2019 METour is scheduled for June 1-11, traveling south and east of the Conference. Places we plan to visit include Cookson Hills Center in the Oklahoma Indian Missionary Conference; UMCOR Depot – Sager Brown, Louisiana; the Upper Room, Tennessee; and Red Bird Mission, Kentucky.

The 2019 METour Committee of the Great Plains Conference United Methodist Women desires your input. As the pastor, youth sponsor or other responsible adult please answer two questions regarding \_\_\_\_\_ who desires to participate in the 2019 METour.

Please send this page to Venedith Vargas, Box 222, Overton, NE 68863 or [metourdirector@yahoo.com](mailto:metourdirector@yahoo.com)

1. What have you observed about this participant's interactions with her peers?
  
  
  
  
  
  
  
  
  
  
2. How has this young woman been involved in her church, youth group and/or Sunday School?
  
  
  
  
  
  
  
  
  
  
3. How has this young woman been involved in her school and community? How has she shown leadership?

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(Your name and association with the METour participant)

*Thank you for your time and assistance.*