

Florida Conference United Women In Faith  
Mission u – July 18-20, 2025

Registration for Youth & Children

Please fill out carefully and completely, and print legibly.

Children and youth must share a room with their parent/guardian.

**Registration for the parent/guardian must be received at the same time as this form.**

**Completed registration form and payment must be received by Friday, June 20, 2025.**

Youth/Child Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

District: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Age (as of July 18, 2025) \_\_\_\_\_ Grade (as of Fall 2025) \_\_\_\_\_

Ethnicity: (Caribbean, African American, Hispanic, etc.) \_\_\_\_\_

All persons under the age of 18 will share a room with their parent/guardian. Up to 4 people can share a room. Most rooms will have two double beds. **Hotel reservations must be made directly with the hotel.**

Name of parent/guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone for texting: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, medical concerns, health/dietary needs: \_\_\_\_\_

Is your child receiving any medical attention at this time? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any special needs? Yes No

If yes, please explain: \_\_\_\_\_

**Liability and Medical Release:** To be signed by parent/guardian.

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_  
Print name of Parent/Guardian Print name of Youth/Child

to attend the Florida Conference United Women in Faith Mission u at The Westin Lake Mary, Orlando North, July 18-20, 2025.

I am aware of the purpose of this event and understand the full scope and nature of the programs and activities my child will participate in. I agree that any photographs, videos, and/or other images taken of my child at this event may be used to promote Mission u. I understand that I cannot hold the Florida Conference staff or volunteer leadership responsible for any accident or injury which may occur while participating in this event. I also understand that if my youth/child becomes ill or injured during this event, I give permission for such diagnostic and therapeutic procedures as may be deemed necessary by qualified medical care providers, hospitals, or physicians to be taken.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### **Children/Youth Covenant**

As a youth/child attending Mission u, I take seriously my responsibility and affirm my commitment for the well-being and safety of others and myself. I agree to remain on the site of the event unless I have been given permission to leave by the Dean of Mission u.

I will attend all activities, sessions, and meals. I will observe scheduled curfews by being in my room at the appointed time and I will respect the rights of others.

I understand that anything considered illegal for minors (persons under 18) under civil and criminal law applies to this event as well. Therefore, I 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 damages to the facility will be the sole responsibility of the person or persons who caused the damage and the parent/guardian of each person responsible. I understand that the dress code is the same as the dress code in public schools and I will observe that code.

I also understand that if I break the covenant, and if the brokenness cannot be reconciled, my parent/guardian will be contacted and my participation in the event will be terminated.

\_\_\_\_\_  
Youth/Child signature (if over 5 years old)

\_\_\_\_\_  
Date

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Fee Summary payable when you submit this form:  
Youth ages 11-17: \$100.00; Children ages 10 and under: \$80.00

If you wish to order a t-shirt, circle the size: Adult only: S, M, L, XL, XXL, XXXL  
T-shirts are in adult sizes and will only be available with advanced order & payment. Cost is \$15.

**No payments will be accepted at Mission u.**

Mail completed Youth/Child registration form, along with Adult parent/guardian registration form and a check to the Mission u Registrar:

Mozelle Thomas, 655 Ridgehill Drive, Orange Park, FL 32065.  
Contact her at [tmozelle@aol.com](mailto:tmozelle@aol.com) if you have questions.

**Make your check payable to Florida Conference United Women in Faith Mission u.**  
(You may abbreviate!)