



Youth Registration Information

Registration Information

- Youth Sponsor Registration
- Youth Registration
- Children’s Registration

Registration Options

- Full Convention Registration
- Daily Registration

First Name: _____

Last Name: _____

Name Badge Preferred Name: _____

Email Address: _____

Phone Number: _____

Street Address: _____

City, State Zip Code: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Age: _____

Gender: _____

Ethnicity: _____

Special Dietary Needs

- Vegan
- Gluten Free
- Lactose Free
- Nut Allergies

T-Shirt Size: _____

MC USA Conference: _____

Congregation Name: _____

Date of Birth		
____/____/____		
Month	Day	Year

Grade Completed as of June 30, 2025 (K-12)

Will you be attending as a youth delegate?
<input type="radio"/> Yes
<input type="radio"/> No

Photo/Video Waiver

As part of Follow Jesus 25, we may capture images and videos during the event for promotional purposes and kindly request your consent of the following photo waiver: I hereby authorize Mennonite Church USA to use, edit, copy, distribute (including Anabaptist World magazine) and publish the photographs taken of me and/or the undersigned minor children, and our names for use by Mennonite Church USA in all forms of media, with no right to financial compensation. All images are the property of Mennonite Church USA. I release MC USA, its officers, trustees and employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children in any publication, website or other form of media produced by Mennonite Church USA. I also attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Mennonite Church USA to use their photographs and names.

- I certify that I have read and fully understand the contents, meaning and impact of this release. I consent to this Photo/Video Waiver.**
- I do not consent to this Photo/Video Waiver and will excuse myself from photos or videos being recorded.**

Liability Waiver

I agree and acknowledge that I am participating in Follow Jesus 25, on my own accord and at my own risk. I give this acknowledgement freely and knowingly and represent and warrant to you that I am physically and mentally fit to do so. I agree that I am able to participate in convention activities and do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury, illness, including contracting and/or spreading COVID-19 or other viruses or infections, and even property loss might occur to me as a result of my participation in activities such as, but not limited to recreation, servant projects, field trips, blood donation, traffic issues, hotel safety, city dangers, exposure to illness, theft, et. al. I agree to assume full risk, including risk which is not specifically foreseeable, of any injuries including death, illness, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with Follow Jesus 25, for any reason or by any cause including through the negligence of Mennonite Church USA and its agents. In consideration of the right to participate in Follow Jesus 25, I hereby waive any and all rights or claims that I may have as a result of participation in Follow Jesus 25 against Mennonite Church USA and its directors, officers, employees, members, staff, volunteers, and all individuals assisting in instructing and conducting these activities. I hereby fully release and discharge all of the foregoing from any and all claims resulting from injuries, including death, illness, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in Follow Jesus 25. I also agree that I will reimburse Mennonite Church USA for any medical and other expenses incurred on my behalf.

- **I certify that I have read, understand and consent to the Liability Waiver.**

Children & Youth Medical Release

In order to ensure participation in the program and that pertinent medical information is available in case of an emergency, please complete the following:

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

If you are attending with a youth sponsor or an adult who is not a guardian, please list their name and phone number.

Please include any allergies (food, medicine, bee stings, etc.) that the participant may have:

Please list any special needs (food intolerance, hay fever, diabetes, asthma, visual, mobility, developmental or behavior issues)? _____

Please list any other health information that the program staff may need to be aware of as they prepare for convention:

Consent for Emergency Care: In case of an emergency or injury while participating in a convention activity at Follow Jesus 25, I hereby give permission to the convention staff/sponsor/guardian to arrange for proper medical treatment, including anesthesia or hospitalization. This would also include EpiPens and asthma inhalers. I hereby waive, on behalf of myself and the above-named registrant any liability of Mennonite Church USA and its staff (paid or volunteer), arising out of such medical treatment. I agree to be financially responsible for any medical bills incurred as a result of treatment.

Parent/Guardian Signature: _____

NOTE: The information that is gathered on this form is for convention registration information purposes only. Each youth sponsor will come prepared with their own set of medical forms/information.