



**HOME TEAM LEADER REGISTRATION**  
**Bus Trip to CLAY 2020 "En Route"**  
 August 16-24 2020



Deadline for Registration: March 31, 2020

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Congregation: \_\_\_\_\_  
 Email: \_\_\_\_\_ Provincial Health Numbers: \_\_\_\_\_  
 Birthdate: (month/day/year) \_\_\_\_\_ Gender:  Male  Female  
 T-Shirt Size: \_\_\_\_\_ (gender-neutral sizing)

**HEALTH ALERTS** \*Please provide a fact sheet that will help us fully understand what the allergy, diet, medical conditions are.

**SPECIAL DIETARY REQUIREMENTS** (must indicate in advance) i.e. vegetarian, vegan, gluten free, etc.

**EMERGENCY CONTACT**

Name:	Relationship:
Day Time Phone:	Evening Phone:

I AGREE TO BE RESPONSIBLE FOR THE FOLLOWING HOME TEAM YOUTH:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**CO-LEADER(S)/JUNIOR LEADER(S)** (Note: They must fill out a Home Team Leader Registration form as well)

\_\_\_\_\_

If you have more than one team coming from your congregation, the main contact is:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY!**

*(All signatures must be included before a registration will be processed)*

**I have reviewed the information set out in this registration form and certify that it is correct and accurate in all respects. I understand that I need to provide a copy of a current criminal record check (issued within the past two years) which is included along with this registration. I fully understand and agree to perform the responsibilities and duties as a Home Team Leader for the bus trip and gathering as outlined on [www.claygathering.ca](http://www.claygathering.ca)**

**I consent that the Bus Trip Planning Committee and/or its representatives may seek medical attention for me during the 2020 Bus Trip, and hereby authorize consent, on my behalf, any medical procedure which may be recommended by a medical practitioner. It is understood that every attempt will be made to notify the next of kin or emergency contact person in the event that such action needs to take place.**

**I understand that my name and photograph (including audio and visual images) may be used as a result of my attendance at this event.**

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*Signature of Home Team Leader*

**I certify that I am of the opinion and belief that the Home Team Leader listed above is capable of carrying out the responsibilities of a Home Team Leader and will be a responsible and dedicated leader for the youth for the duration of the trip.**

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*Signature of Pastor / Congregation Chairperson*

The MNO Synod and the ELCIC are committed to protecting the privacy of the personal information submitted to it by youth and parents who are registering for events. The information that you provide will be used for the purposes internal to the MNO Synod and the ELCIC for which such information was provided. Personal information will not be shared with third parties without your expressed consent. The information that you provide will be protected and retained in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Privacy Policy of the ELCIC. Further information on this policy can be viewed on the ELCIC website: [www.elcic.ca](http://www.elcic.ca)

**Email to: [mnosynod@elcic.ca](mailto:mnosynod@elcic.ca)**  
or  
**Mail To:**  
**MNO Synod – CLAY Bus Trip**  
**935 Nesbitt Bay Winnipeg, MB R3T1W6**

Phone: (204) 889-3760  
Fax: (204) 896-0272

**Deadline: March 31, 2020**

**If you have any questions  
regarding registration, please  
contact**  
**Bishop Jason Zinko**  
[mnobishop@elcic.ca](mailto:mnobishop@elcic.ca)