

YOUTH REGISTRATION

MNO SYNOD FALL RETREAT, October 8-11, 2010
(Registration deadline- Sept. 26)

Last Name: _____ First Name: _____

Address: _____ email _____

Birthdate (M/D/Y): _____ Gender: M or F Age: _____

Home Phone #: _____ Home Congregation: _____

Provincial Medical # (Both numbers): _____

Medical Concerns: _____

Allergies: _____

Special Dietary Requirements _____

Emergency Contact and Phone # Day: _____ Night: _____

The youth leader that I am registered with is _____

Enclosed : _____ \$175 registration(with bus) _____ \$135 registration(own transportation)

Bus: _____ from Winnipeg _____ from St. Anne **Make cheques payable to: MNO Synod**

FOR THE PARENT/GUARDIAN

- I grant permission for the Planning Committee to seek medical attention as required during the 2010 MNO Synod Fall Youth Retreat.

_____ (signature of parent/ guardian)

FOR THE YOUTH PARTICIPANT

- I agree to cooperate with the retreat leaders and be an active participant in the retreat. _____ (signature of youth)
- I agree to allow my name and/or photograph to be used in Synod communication as a result of my attendance at this event.

_____ (signature of youth)

The MNO Synod is 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 for which such information was provided. 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

LEADER REGISTRATION

MNO SYNOD FALL RETREAT, October 8-11,2010

(Registration deadline- Sept. 26)

Last Name: _____ First Name: _____

Address: _____ email _____

Birthdate (M/D/Y): _____ Gender: M or F Age: _____

Home Phone #: _____ Home Congregation: _____

Provincial Medical # (Both numbers): _____

Medical Concerns: _____

Allergies: _____

Special Dietary Requirements _____

Emergency Contact and Phone # Day: _____ Night: _____

Enclosed: _____ \$175 registration(with bus) _____ \$135 registration(own transportation)

Bus: _____ from Winnipeg _____ from St. Anne **Make cheques payable to: MNO Synod**

I agree to allow the Planning Committee to seek medical attention as required for me during the 2010MNO Synod Fall Retreat. I agree to assist the retreat presenters in helping to make the retreat a positive event. I understand that my name and/or photograph may be used as a result of my attendance at this event. I have read/agree to abide by the ELCIC Policy for the Protection of Children, Youth and other Vulnerable People (see Introduction and Policy on www.elcic.ca). Attached to this registration is a copy of my current Police Records Check.

_____ **(signature of leader)**

I will be responsible for the following youth:

_____	_____
_____	_____
_____	_____
_____	_____