

HOME TEAM LEADER REGISTRATION FORM

First Name:		Las	t Name:_				
Birth Date: / /	(dd / mm / y	yyy)	Gend	er:			
Address:							
City:	Province:			Postal C	code:		
Phone:							
HOME CONGREGATION	/ PARISH						
Church Name:							
		Phone:					
EMERGENCY CONTACTS	8						
Name:		Phone:					
Relationship (circle): parent	/ guardian / gra	ındpare	nt / othe	r:			
Name:	Phone:						
Relationship (circle): parent	/ guardian / gra	ındpare	ent / othe	r:			
MEDICAL INFORMATION							
Alberta Health Care No							
Family Doctor:							
a) Food Allergies:	YES	NO					
If yes, what?							
Is reaction anaphylactic?	YES	NO					
Other dietary requirements?	YES	NO					
If yes, what?							
Other Comments:							
All dietary requirements is arrangements will be made		ified o	n the r	egistration	form.	No	late/additional
Other relevant Health Conce	erns YES	NO					
If yes, what:							

Other Comments:					
3. Physical Disabilities: do you require any assistance? If so, what is required?					
COVENANT AGREEMENT for HOME TEAM LEADERS (HTL)					
Over the years, the youth gatherings have attempted to provide an experience where community could be formed, opportunities for growth and education could be provided, and a time for fun and fellowship with youth and HTLs from across the church and the ABT Synod could be fostered. The leadership for the youth gathering is crucial to its success. The responsibility of the HTL, as part of the overall leadership team for the ABT Synod Youth gathering, is a central role. These are the people charged with the responsibility of preparing youth for the gathering, accompanying them to the event, and providing guidance and leadership while at the gathering. However, the role of the HTL does not end when the gathering is over. After the gathering, the HTL continues to assist with reflection and on-going discussion of the gathering experience.					
The ABT Synod Planning Committee for "FREELY GIVEN", wishes to convey to all congregations that the HTL, whom they send to the youth gathering, plays a vital and valued role. The committee also wishes to remind all congregations that this same HTL carries a responsibility and accountability to their home congregation through its Congregational Council.					
In order to ensure responsibility and accountability, we, the ABT Synod Planning Committee, request that this covenant agreement between each HTL and his or her respective Congregational Council be read, be signed appropriately and accompany the HTL registration form sent for the gathering.					
I have reviewed the Covenant agreement for Home Team Leaders and I understand the duties and responsibilities of a Home Team Leader. I agree to perform the responsibilities and duties as a Home Team Leader as set out by the ABT Synod Planning Committee of "FREELY GIVEN" to the best of my abilities.					
Date:					
Signature of Home Team Leader Name of Home Team Leader (Please Print)					
Do you wish to purchase a gathering T-Shirt for an additional cost of \$15.00? yesno					
If yes, please indicate size: (Small/Medium/Large etc.)					

HOME TEAM

Home Team Leader(s) Name:						
Home Team Congregation/Parish:						
HOME TEAM MEMBERS						
1	2					
3	4					
5	6					
7	8					
9	10					
11						
A Home Team may have: a maximum of 11 people (2 Home Team Leaders and 9 Youth). A congregation may send more than one Home Team. If additional registrations for your Home Team are received after Home Team registration, the registrar will add their names to this form.						
WAIVER / CONSENTS PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:						
Date:						
I understand that my name and photograph may be used as the result of my attendance at the 2017 ABT Synod Youth gathering, "FREELY GIVEN" and I consent to the ABT Synod Planning Committee and/or its representatives to the use of same.						
Signature of Home Team Leader	Name of Home Team Leader (Please Print)					
I hereby release Camp Kuriakos and the 2017 ABT Synod Youth gathering, "FREELY GIVEN", its agents, members and employees and hold them harmless from any and all liability for any accident, injury or any claim arising out of my use of Camp Kuriakos or any of its facilities, or by virtue of participation in any of its programs. In case of emergency, I understand that every effort will be made to contact my provided emergency contacts. In the event that my emergency contacts cannot be reached, I hereby authorize the Camp Personnel to secure medical advice and services as may be deemed necessary for the health and safety of me.						
Signature of Home Team Leader	Name of Home Team Leader (Please Print)					
I have reviewed the information set out in the home team leader registration form and certify that it is correct and accurate in all respects. I hereby confirm my intention to attend the 2017 ABT Synod Youth gathering, "FREELY GIVEN".						
Signature of Home Team Leader	Name of Home Team Leader (Please Print)					
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 in my opinion will be a responsible and dedicated Home Team Leader for the youth at this gathering.						
Signature of congregational officer or clergy	Name of congregational officer or clergy (Please Print)					



HOME TEAM LEADER COVENANT

As an official representative of					
(name of church, parish, Lutheran Synod or Anglican Diocese)					
I, holding the office of					
" · · · · · · · · · · · · · · · · · · ·					
declare that our leadership					
(name of title or office; i.e. clergy, parish or congregational officer.)					
endorse and support the participation of					
(print name of Home Team Leader)					
as Home Team Leader (primary caregiver for the youth of the Home Team) for "FREELY GIVEN", the ABT Synod Lutheran Youth Gathering 2017.					
We understand that the Home Team Leader is directly responsible and accountable to his/her home congregation / parish through its leadership and accepts the responsibilities outlined in the Home Team Leader Job Description.					
We have reviewed with the Home Team Leader the ELCIC Policy for the Protection of Children, Youth and other Vulnerable People, the protection policy of the Diocese Edmonton Alberta, as well as all relevant protection policies of our congregation, parish, synod and/or diocese. We have taken appropriate steps in order to ensure these policies are adhered to.					
(Signature of official congregation representative)					
Signature of Home Team Leader					
Date					
Please complete a separate copy of this agreement for each Home Team Leader under your supervision.					