

## TEAM REGISTRATION

RETURN REGISTRATION & FEE

AS SOON AS POSSIBLE TO:

Great North T.E.C.

c/o: Gail Coon

3959 Long Lake Shores Rd.

Eveleth, MN 55734

Please Print VERY CLEARLY

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

STREET \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CHURCH \_\_\_\_\_

E-MAIL(Parent's) \_\_\_\_\_ (Youth's) \_\_\_\_\_

### PARENT/GUARDIAN PERMISSION

I understand that \_\_\_\_\_ will be participating in a Great North T.E.C weekend on Oct 20-21-22-23, 2011. He/she may participate in all the activities planned for the event. If there is an emergency please contact: \_\_\_\_\_.

Please list any medications, allergies, or health information: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

I understand that all reasonable safeguards will be taken but that the Episcopal Diocese of Minnesota, the Episcopal T.E.C. Community of Northern Minnesota, St. James Episcopal Church, Hibbing, and the leaders of this event are not responsible for accidental injury. I authorize such medical treatment as is necessary and such additional procedures as are considered necessary on the basis of finding during the course of medical examination. We, the undersigned, have read and fully understand the above statements.

DATE \_\_\_\_\_ SIGNATURE(team registrant) \_\_\_\_\_

SIGNATURE(parent/guardian--if necessary) \_\_\_\_\_

I am interested in serving on the following TEAMS: (number by preference)

\_\_\_ CONFERENCE \_\_\_ WHEAT \_\_\_ KITCHEN \_\_\_ SKY \_\_\_ MUSIC \_\_\_ WISDOM

TALKS I would consider giving (see other sheet) \_\_\_\_\_

**\*\*\*\* IN ORDER TO PROVIDE THE MOST MEANINGFUL EXPERIENCE FOR THE CANDIDATES AND TEAM, IT IS VERY IMPORTANT THAT YOU ATTEND THE TEAM PLANNING MEETING, AND BE ON TIME THURSDAY EVENING OF THE ACTUAL TEC WEEKEND.** The team meeting is 7pm Fri. to 11am Sat. on Sept 23-24, 2011 (at St. James, Hibbing). Arrive by 7pm Thurs. Oct 20, 2011 when the Team moves into the church for the TEC weekend.

