



**ATTENTION – PLEASE read and fill out the ENTIRE application
Before signing your name where designated.**

APPLICATION FOR TEAM ON T.E.C. # _____

IMPORTANT!!! READ ALL OF THE FOLLOWING:

1. The Selection Team selects T.E.C. weekend teams at least 6 weeks before the T.E.C. weekend. Applications will not be considered outside of the dates listed on the form below. If you are selected for the team, you will be notified by the Director of the T.E.C weekend several days before the Focus Meeting. The Selection Team will notify anyone not selected for the team.
2. This application is good for THIS T.E.C. ONLY. Please reapply if you wish to work other weekends.
3. It is mandatory that all members chosen for Team on a T.E.C. weekend attend the Focus meeting (usually 5 weeks prior to the weekend) and the Pot Luck meeting (usually 1 week prior to the T.E.C. weekend). Other meetings will be necessary for each team.
4. You must be able to arrive at the Magnificat Center for the T.E.C weekend on Friday evening at 7:00 pm and stay through Monday evening until 7:30 pm.
5. Team fee of \$65 is to be paid at the Pot Luck meeting. **Make checks payable to “TEC New Orleans.”**
6. Alcohol, drugs, and under-aged smoking are not allowed on the T.E.C. weekend.
7. If you are selected as a team member, you will be called upon to serve as a Christian role model exhibiting and advocating Christian values and principles in your life. Prayerfully consider your commitment to regular Mass attendance, your role in the Church, and your attitude toward Christian moral and social guidelines. If you feel that your lifestyle is not consistent with Church teachings and would be harmful to the T.E.C. process and weekend, please reconsider submitting an application at this time.

I understand and will abide by the above responsibilities for membership on a team to work a Teens Encounter Christ retreat.

Signature: _____

Please make sure you complete the other side of this form before submitting this application. This application and a completed copy of the T.E.C. consent and medical form should be sent to the following address:

**TEC New Orleans
CYO/Youth and Young Adult Ministry Office
Archdiocese of New Orleans
105 Bonnabel Blvd.
Metairie LA 70005**

CURRENT RETREAT DATES:

| T.E.C. # | Team Retreat Dates | Application Deadline | Focus Meeting | Pot Luck |
|----------|---------------------|----------------------|-------------------|-----------------|
| 111 | July 30-Aug 2, 2010 | June 21, 2010 | June 27, 2010 | July 25, 2010 |
| 112 | January 14-17, 2011 | December 6, 2010 | December 12, 2010 | January 9, 2011 |
| 113 | June 24-27, 2011 | May 16, 2011 | May 22, 2011 | June 19, 2011 |
| 114 | July 29-Aug 1, 2011 | June 20, 2011 | June 26, 2011 | July 24, 2011 |
| | | | | |

Personal Information

Name: _____ Date of Birth: _____ Age on weekend: _____

Permanent Address: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

Current Address: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

E-Mail Address (please print very clearly): _____

Primary Phone #: _____ Home Cell School Work

Secondary Phone #: _____ Home Cell School Work

School (if student): _____ Employment: _____

Church Parish: _____ Original TEC #: _____

Previous TEC / Youth Ministry Experience:

List the TEC numbers of each team you have previously served: R.T. : _____

C.T. : _____ W.T. : _____

List the TEC numbers of each team you applied for but we not selected to work: _____

Why do you want to work on this T.E.C. weekend? _____

What activities do you participate in at your school, church, or other organizations? _____

What qualities do you posses that make you a good team member? _____

Check all of the meditations you have given or roles you have served on TEC:

- Growth & Ideals God Experience Paschal Mystery Metanoia
- Sat. Night Prayer Sunday Morn. Prayer God A Comm. Of Love Church People of God
- Christian Life Signs Peace Sunday Night Prayer
- Monday Morning Prayer Discipleship Young Disciple Beyond TEC
- Name Game Saturday Games Sunday Games Photographer
- Musician Song Leader Bible Enthronements

For T.E.C. Leaders

Which leadership roles on this T.E.C. weekend might interest you?

- Asst. Lay Director Asst. Spiritual Director C.T. Director W.T. Director
- Song Leader Musician – Instrument(s): _____

Why do you think you should be in a leadership role for this T.E.C. weekend? _____



PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth Date: _____ Gender: _____

Parent/Guardian's name(s): _____

Home address: _____

Home phone: _____ Business/Daytime phone: _____

I, _____, grant permission for my child, _____,

to participate in this retreat activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from the Archdiocese of New Orleans. A brief description of the activity follows:

Type of event: **Teens Encounter Christ (TEC) Retreat**

Location(s): **Magnificat Center of the Holy Spirit, Pontchatoula, Louisiana**

Sponsoring Agency: **CYO/Office of Youth and Young Adult Ministry**

Duration of activity: **8:00 AM Saturday – 8:30 PM Monday, dates here:** _____

Mode of transportation to and from event: **Retreatants by school bus unless on your own**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of New Orleans, its officers, directors and agents, coaches, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the Archdiocese, its officers, directors and agents, coaches, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The Archdiocese will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____