



Dear T.E.C. Applicant,

This application contains all the information you will need to join many young people and adults who attend a T.E.C. weekend. On this form you will find general information regarding the dates of T.E.C. weekends, the beginning and ending times for T.E.C., the cost of the weekend, items to bring, and some ideas explaining what T.E.C. means. You may also visit www.tecneworleans.com for more information.

Please fill out the application form and answer the questions on both sides. The cost to attend the TEC Retreat is \$80, which covers all retreat costs, including lodging, transportation from New Orleans and all meals. Return this form along with the medical form and a non-refundable deposit of \$25.00 to the address below as soon as possible. Make checks payable to "TEC New Orleans." Applications will be held for one year from the first T.E.C. weekend that you apply for. After that time, you will need to reapply with a new application and deposit. If you cancel during the last week before the retreat weekend, we may ask that you reapply. Once we have received your application, we will notify you by mail that it has been received. You will receive detailed preparation instructions one week prior to you TEC weekend.

Please make your reservations early and sign up for the T.E.C. weekend of your choice. If you have any questions about T.E.C., please contact the New Orleans CYO/Youth Ministry Office at (504) 836-0551.

MAIL TO: **T.E.C. New Orleans**
CYO/Youth and Young Adult Ministry Office
Archdiocese of New Orleans
105 Bonnabel Blvd.
Metairie LA 70005

T.E.C. #	Retreat Dates
110	June 26-28, 2010
111	July 31-Aug 2, 2010
112	January 15-17, 2011
113	June 25-27, 2011

Name: _____ Nickname (if preferred): _____

Application for TEC#: _____ Dates: _____ Date of Birth: _____ Age on weekend: _____

Parents' Names: _____

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

Male/Female: _____ Marital Status: _____ Year/Grade in School: _____

School: _____ Job: _____

Religious Denomination: _____ Church Parish: _____

Will you be taking the provided bus transportation to the retreat? YES NO

Any special health, physical or dietary needs you may require during the weekend? _____

The cost of a T.E.C. weekend is \$80.00.

A \$25.00 non-refundable deposit and medical form is required for all applicants including adults. The retreat will be held at the Magnificat Retreat Center in Ponchatoula, LA. T.E.C provides bus transportation to the retreat center from the Greater New Orleans area. The bus leaves from the Archdiocesan Administration Building, 7887 Walmsley Ave., New Orleans, at 8:15 a.m. on the Saturday of the retreat weekend and returns to the same address at approximately 8:00 p.m. on Monday.

The topics and approach of T.E.C. demands that applicants must have completed the first semester of their Junior year of High School. The theological approach of the weekend centers on the Paschal Mystery, which is the keystone of our Christian faith.

DRESS CODE: Casual, but we ask that you wear full shirts. Shorts are acceptable, but must be modest. Outdoor clothing for cold weather is recommended. If you are normally cold natured, we suggest that you pack a sweater or sweatshirt.

BRING: Towels, wash cloths, sleeping bags or sheets and a blanket, pillow and personal toiletries. Musical instruments are welcomed. TEC T-shirts are available for \$5 each on the weekend.

DO NOT BRING: School books, homework, cellular phones, iPods, CD players or radios. Use of alcohol, drugs, and under-aged smoking is not allowed! Your application constitutes acceptance of these limits.

T.E.C. is:

- ◆ Part of the C.Y.O. / Youth Ministry Office of the Archdiocese of New Orleans.
- ◆ A fresh, different atmosphere away from home, school, or job.
- ◆ An experience in Christian living.
- ◆ Meeting with other young people from different schools and areas.
- ◆ Sharing with others how you see yourself, your ideals, your dreams.
- ◆ Finding God real and believable in your life.
- ◆ Encountering Jesus Christ --Risen and Alive today!

Cut here. **Keep upper portion for necessary information.** Mail in only lower portion and medical form.

Why do you wish to make a T.E.C. weekend? _____

Who told you about T.E.C.? Name: _____ Phone: _____

Who do you know that may be applying to attend or work this T.E.C. retreat weekend? _____

Have you had any other retreat experience? If so, please describe. _____

Describe your participation in school activities: _____

In addition to your studies or work, what activities or interests do you pursue? _____

What types of employment have you had in the summer or after school hours? _____



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: _____