



ARCHDIOCESE OF  
**NEW ORLEANS**

CYO/Youth &  
Young Adult Ministry



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

## APPLICATION FOR TEAM ON TEC # \_\_\_\_\_

### IMPORTANT!!! READ ALL OF THE FOLLOWING:

1. This is a selection process, meaning that applying for team does not assume acceptance. The Selection Team selects TEC retreat teams at least 6-7 weeks before the TEC retreat. 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 TEC retreat by the Thursday before the Focus Meeting. The Selection Team will notify anyone not selected for the team.
2. This application is good for THIS TEC ONLY. Please reapply if you wish to work another retreat.
3. Required Meetings:
  - a. Focus meeting (usually 5-6 weeks prior to the retreat) **SEE DATES BELOW**
  - b. Potluck meeting (usually 1 week prior to the TEC retreat )
  - c. Other meetings as necessary for each team (usually 2-3 meetings per team)  
**\*Focus and Potluck meetings can be scheduled at any time on the dates below. Please hold the entire day open on your calendar. If you have an issue with this requirement, please note it on your application. \***
4. You must be able to arrive at the Rosaryville Spirit Life Center for the TEC weekend on Friday evening at 6:00 pm and stay through Monday evening until 7:30 pm.
5. Team fee of \$70 is to be paid no later than the Pot Luck meeting. Scholarships are available; send a request to [tecneworleans@arch-no.org](mailto:tecneworleans@arch-no.org) or note on this application. **Make checks payable to “New Orleans TEC.”**
6. Alcohol, drugs, and under-aged smoking are not allowed on the TEC retreat.
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 TEC process and retreat, please reconsider submitting an application at this time.
8. Please be aware that unless you opt out, in writing, you will receive both e-mail and text message announcements from TEC New Orleans and the CYO/Youth & Young Adult Ministry Office of the Archdiocese of New Orleans about relevant ministry events and activities.

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

Signature: \_\_\_\_\_

To complete this form, you may write in your information and then scan and e-mail to [tecneworleans@arch-no.org](mailto:tecneworleans@arch-no.org), fax to 504-836-0552, or mail to the address below. You may also type your information into the various fields and save as “TEC App - YourName” and then e-mail as an attachment to [tecneworleans@arch-no.org](mailto:tecneworleans@arch-no.org)

**TEC Retreats CYO/Youth & Young Adult Ministry Office 2241 Mendez Street New Orleans, LA 70122**

### CURRENT RETREAT DATES:

TEC #	Retreat Dates	Applications Due	Focus Meeting	Potluck Meeting



## 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): **Rosaryville Spirit Life Center, Ponchatoula, Louisiana**

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

Duration of activity: **5:00 PM Friday – 8:00 PM Monday, dates here: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

Mode of transportation to and from event: **On your own**

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the Teens Encounter Christ retreat program, the CYO/Youth & Young Adult Ministry Office, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



AUTHORIZATION FOR USE OF NAME, PHOTOGRAPH AND/OR LIKENES AND/OR INFORMATION AND  
RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS

For valuable consideration acknowledged and the sum of \$1.00 paid as part of the team/retreatant fee, we/I, parents of \_\_\_\_\_, hereby authorize The Roman Catholic Church of the Archdiocese of New Orleans as operator of the Catholic Youth Organization (hereinafter "CYO") and Teens Encounter Christ (TEC) Retreat program (hereinafter "TEC"), to use the name, photograph and/or likeness of our child, \_\_\_\_\_, and the information about our child, \_\_\_\_\_, in any advertisements and/or publicity in newspapers, church and school bulletins, and/or literature and/or on the CYO and/or TEC website and/or in any televised or video media, including but not limited to the any videos on the internet posted by CYO and/or TEC, as determined in the sole discretion of CYO and/or TEC.

We/I agree to defend, indemnify and hold harmless The Roman Catholic Church of the Archdiocese of New Orleans as operator of the Catholic Youth Organization and the Teens Encounter Christ (TEC) Retreat program, their members, directors, officers, pastor(s), principal(s), teachers, employees, agents and assigns (hereinafter, collectively, "Releases") from any liability or damages of any kind or type (including but not limited to mental, physical, emotional or economic damages) which may arise from the authorized use set forth above, including but not limited to any claims or causes of action arising in negligence or intentional fault, including but not limited to any claims or causes of action of defamation or invasion of privacy.

\_\_\_\_\_  
Parent/Guardian (if minor)

\_\_\_\_\_  
Date