



ARCHDIOCESE OF  
**NEW ORLEANS**

CYO/Youth &  
Young Adult Ministry



Dear TEC Applicant,

TEC is an experience in Christian living designed especially for teenagers and young adults in college. Adults over the age of 25 may attend as “adult faith witnesses” but these spaces are limited on each retreat and are primarily for those working in Catholic education or youth ministry. Remember that this is an application to attend, not an automatic registration. This application contains information you will need to join many young people and young adults who attend a TEC weekend. Within this form you will find general information regarding the dates of a TEC weekends, the beginning and ending times for TEC, the cost of the weekend, items to bring, and some ideas explaining what TEC means. You may also visit [www.tecneworleans.com](http://www.tecneworleans.com) for more information.

Please fill out the application form and answer the included questions. The cost to attend the TEC Retreat is \$85, which covers the costs of the retreat including lodging and meals. Return this form along with the medical form and a non- refundable deposit of \$25.00 to the address below. Please make your check payable to "New Orleans TEC" If you cancel during the last week before the retreat weekend, we may ask that you reapply. Once we have received your application and all forms, we will notify you by mail that it has been received. You will receive detailed preparation instructions one week prior to your TEC weekend.

The retreats are held at the **Rosaryville Spirit Life Center** in Ponchatoula, LA. You should arrive at Rosaryville at 9:30 a.m. on Saturday of the retreat. On Monday of the retreat we plan to conclude at 6:30 p.m.

If you have not already completed the Archdiocesan Safe Environment training, you will be required to meet at Rosaryville at 8:30a.m. on Saturday of the retreat to attend the training prior to the start of the weekend.

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 \$10 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.

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.

**TEC 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!

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

**MAIL TO: TEC New Orleans**  
**CYO/Youth and Young Adult Ministry Office**  
**Archdiocese of New Orleans**  
**2241 Mendez Street**  
**New Orleans, LA 70122**

TEC #	Retreat Dates



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TECITE APPLICATION

Name: \_\_\_\_\_ Nickname (if preferred): \_\_\_\_\_

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

Parents' Names: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

**Permanent** Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Current** Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail Address (please print very clearly): \_\_\_\_\_

Participant Mobile Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_  Home  Parent's Mobile

Male/Female: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Year/Grade in School: \_\_\_\_\_

School: \_\_\_\_\_ Job: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Church Parish: \_\_\_\_\_

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

Why do you wish to make a TEC weekend?  
\_\_\_\_\_

Who told you about TEC? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who do you know that may be applying to attend or work this TEC 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?  
\_\_\_\_\_



## ADULT LIABILITY WAIVER

In addition to the Medical Information and Consent form, each adult participant, including group leaders and chaperons, must sign this form.

### **RELEASE OF LIABILITY**

I, \_\_\_\_\_, Full Name, agree on behalf of myself, my heirs, assigns executors, and personal representatives, to hold harmless and defend the TEC Retreat Program, CYO/Youth & Young Adult Ministry Office, the Archdiocese of New Orleans, its officers, directors, agents, employees, or representatives associated with the activity listed below from any and all liability claims, loss or damage arising from or in connection with my participation in the activity listed below.

Type of event: **Teens Encounter Christ Retreat**

Destination of event: **Rosaryville Spirit Life Center, Ponchatoula, Louisiana**

Sponsoring Agency: **CYO/Youth & Young Adult Ministry Office**

Estimated time of departure and return: **9:00 AM Saturday – 6:30 PM Monday**

Event Dates:     /    /     **through**     /    /    

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# ADULT MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS:

- 1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
- 2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.

## SECTION I. PERSONAL INFORMATION

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Home phone: \_\_\_\_\_

Cellular phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Other: \_\_\_\_\_

## SECTION II. MEDICAL MATTERS

I hereby authorize \_\_\_\_\_ or his/her assistants to carry out the wishes I named  
(Name of Adult Coordinator)  
(herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **through** \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

I hereby warrant that, to the best of my knowledge, I am in good health, and I assume all responsibility for my health care.

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

Today's Date: \_\_\_\_\_

## SECTION III. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

Date: \_\_\_\_\_

(Over)

SECTION IV: MEDICATIONS

I understand that I am responsible for taking my own medications and that such medications will be kept in well-labeled containers. Names of medications and concise directions for 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: \_\_\_\_\_

SECTION V. MEDICAL INFORMATION

The parish/group coordinator 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: \_\_\_\_\_

Do you have a medically prescribed diet? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Any physical limitations? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Are you subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition. \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I have the following special medical condition that you should be aware of: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



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, I, \_\_\_\_\_, 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 my name, photograph and/or likeness, and information about me 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.

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.

\_\_\_\_\_  
Signature of person in image (at least 18 years of age)

\_\_\_\_\_  
Date



# Employee/Volunteer Notification and Authorization

This is used to inform you that a background report is being obtained through **JSR Vetting Solutions, LLC** for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources. The result of the background investigation is intended for and will only be used by the responsible persons in the Archdiocese of New Orleans or the appropriate Archdiocesan entity.

## **To Whom It May Concern:**

I understand that a background report as described above will be obtained. All law enforcement agencies, State Police and courts are authorized to release all written information about me. I give permission for a criminal background check to be conducted on me and hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information.

I have been given a copy of this form.

Name (Print): \_\_\_\_\_

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

Current address: \_\_\_\_\_

Date of Birth (for identification purposes only): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If name changed (through marriage or otherwise) print former name here:

\_\_\_\_\_

\*This form is to be completed prior to any background check. The policy of the Archdiocese of New Orleans is that all employees, volunteers, contract personnel must complete background screening prior to working with minors and every three years thereafter. This holds true for anyone having regular contact with minors and anyone accompanying a parish, school, organization of the Archdiocese of New Orleans, or its related entities.