



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 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.

The topics and approach of TEC. demands that applicants **have completed their sophomore year of high school.** Most participants are high school students, college students, and young adults. 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 #: _____

Parent's Phone #: _____ Home Cell School Work

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?



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, Pontchatoula, Louisiana**

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

Duration of activity: **9:30 AM Saturday – 6:30 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