



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 other 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 \$125 is to be paid no later than the Pot Luck meeting. Scholarships are available; send a request to 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, 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

TEC Retreats CYO/Youth & Young Adult Ministry Office 1007 Airline Park Blvd. Metairie LA 70003

CURRENT RETREAT DATES:

| TEC # | Retreat Dates | Applications Due | Focus Meeting | Potluck |
|-------|-----------------------|------------------|-------------------|-----------------|
| 143 | July 30-Aug 1, 2022 | June 10, 2022 | June 14, 2022 | July 24, 2022 |
| 144 | January 13 – 16, 2023 | December 4, 2022 | December 11, 2022 | January 8, 2023 |
| 145 | June 23 – 26, 2023 | May 14, 2023 | May 21, 2023 | June 17, 2023 |
| 146 | July 28-31, 2023 | June 11, 2023 | June 17, 2023 | July 23, 2023 |



ADULT MEDICAL INFORMATION CONSENT FORM

General Instructions:

1. Please take care in filling out this form. It provides crucial information 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.

Adult Participant Name: _____

Birth Date: _____ Sex: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

SECTION I: MEDICAL MATTERS

I hereby authorize _____ **Parish and/or School**, the CYO/Youth & Young Adult Ministry Office or their assistants to carry out the authorizations I have delineated in areas of emergency medical treatment and other cases of illness. These authorizations inclusively extend 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. I agree on behalf of myself, my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the CYO/Youth & Adult Ministry Office, the Parish, and/or the School, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents, and representatives from or in connection with any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained arising from negligence, fault, or strict liability related to facilitating or administering the medical treatment agreed to herein.

Signature: _____ Date: _____

SECTION II: EMERGENCY MEDICAL TREATMENT

In the event of an emergency, and I am unable to consent at the time, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. In the event of an emergency, please contact:

Name & relationship: _____

Phone: _____ Doctor: _____ Phone: _____

Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

ADULT FIELD TRIP LIABILITY WAIVER

Adult Participant's Name: _____

I, _____, agree on behalf of myself, my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend _____ **Parish and/or School**, 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 from any and all liability claims, loss or damage arising from or in connection with the negligent or intentional acts of myself or third parties.

Signature: _____ Date: _____

Print Name: _____

COVID-19 CONSENT FORM & LIABILITY WAIVER

Adult Participant's Name: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. _____ **Parish and/or School** will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, _____ **Parish and/or School** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that myself/my child(ren) may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at _____ **Parish and/or School** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, _____ **Parish and/or School** employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, agree to participate in this Parish/School activity that may require transportation to a location away from the parish/school site, notwithstanding the risks associated with the COVID-19 virus and group activities. I confirm that there are no necessary changes to the Medical Information Consent form that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my heirs, successors, and assigns, to release, indemnify, and hold harmless _____ **Parish and/or School**, the CYO/Youth & Young Adult Ministry Office, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____ Date: _____