



Dear Beyond TEC Applicant,

This application contains all the information you will need to join many young people and adults who may attend a Beyond TEC retreat weekend. On this form you will find general information regarding the dates and times of the Beyond TEC Retreat, the cost of the weekend, items to bring, etc.

Please fill out the application form and answer the questions on both sides. Return this form with the liability release and medical form and a non-refundable deposit of \$25.00 to the address below as soon as possible. Assume that your registration is confirmed. You will only be contacted if the weekend is full. If you have any questions about Beyond T.E.C., please contact the New Orleans CYO/Youth Ministry Office at (504) 836-0551.

MAIL TO:  
CYO/Youth & Young Adult Ministry Office  
Archdiocese of New Orleans  
1007 Airline Park Blvd.  
Metairie LA 70003

Name \_\_\_\_\_ Original TEC # \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male/Female \_\_\_\_\_ Marital Status \_\_\_\_\_ Job \_\_\_\_\_

School \_\_\_\_\_ Year/Grade \_\_\_\_\_ Do you want a \$10 T-shirt? Yes /No Size \_\_\_\_\_

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

Would you be interested in being part of the music ministry of this weekend? Yes \_\_\_ No \_\_\_

Would you be willing to be our photographer for the weekend? Yes \_\_\_ No \_\_\_

Hobbies/Interests: \_\_\_\_\_

Special dietary/health needs:

\_\_\_\_\_

In order to help us better prepare for the weekend, please tell us why you wish to attend the retreat and what you hope to gain from your Beyond TEC experience!

\_\_\_\_\_  
\_\_\_\_\_

**DEADLINE FOR APPLICATIONS IS FRIDAY, FEBRUARY 17, 2012**  
**\*\*IF YOU WANT A T-SHIRT YOU MUST APPLY BY FRIDAY, FEBRUARY 10, 2012**

## **Beyond TEC- FEBRUARY 24-26, 2012**

**WHO:** Anyone who has previously attended and completed a TEC retreat

**WHEN:** Friday, February 24, 2012 at 7:00 PM till Sunday, February 26, 2012 at 11:00 AM (Please, eat dinner before you arrive.)

**WHERE:** Camp Abbey Retreat Center in Covington, LA

**TRANSPORTATION:** On your own; "No" bus service is provided for Beyond TEC

**COST:** \$50 (payable to New Orleans TEC) T-shirts are available for an additional \$10.

Please contact Floyd Bonneval or Mickey Giroir if finances are an issue.

**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:** A snack or soda to share, towels, wash cloths, sleeping bags or sheets and a blanket, pillow and personal toiletries. Musical instruments are welcomed.

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

Beyond T.E.C. is:

- ◆ Part of the CYO/ Youth & Young Adult Ministry Office of the Archdiocese of New Orleans.
- ◆ An opportunity to re-visit the Paschal Mystery and our personal faith journey since your original TEC retreat.
- ◆ An experience in Christian living.
- ◆ Opportunity for prayer, reflection, Eucharist
- ◆ Meeting with other young people from different schools and areas.
- ◆ Sharing with others how you see yourself, your ideals, and your dreams.
- ◆ Finding God real and believable in your life.
- ◆ Encountering Jesus Christ --Risen and Alive today!



# 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: **Beyond TEC Retreat**

Location(s): **Camp Abbey Retreat Center, Covington, Louisiana**

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

Duration of activity: **7:00 PM on February 24, 2012, through 11:00 AM on February 26, 2012**

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