



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!



**ARCHDIOCESE OF NEW ORLEANS
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, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to defend, hold harmless, and indemnify _____ Parish/School, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, agents, employees, or representatives from any and all liability claims, loss, or damage arising from my negligent and/or intentional acts during my participation in the event described below.

Type of event: Beyond TEC Retreat

Destination of event: Camp Abbey Retreat Center, Covington, Louisiana

Sponsoring Agent: TEC New Orleans and CYO/Youth & Young Adult Ministry Office

Estimated time of departure and return: 7:00 PM on Feb 24, 2012 through 11:00 AM on Feb 26, 2012

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 Floyd Bonneval, Mickey Giroir, or his/her assistants to carry out the

(Name of Adult Coordinator)

wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from February 24, 2012 through February 26, 2012.

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.

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.

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

Date