



**ATTENTION – PLEASE read and fill out the ENTIRE application  
Before signing your name where designated.**

**APPLICATION FOR TEAM ON T.E.C. # \_\_\_\_\_**

**IMPORTANT!!! READ ALL OF THE FOLLOWING:**

1. The Selection Team selects T.E.C. weekend teams at least 6 weeks before the T.E.C. weekend. 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 T.E.C weekend several days before the Focus Meeting. The Selection Team will notify anyone not selected for the team.
2. This application is good for THIS T.E.C. ONLY. Please reapply if you wish to work other weekends.
3. It is mandatory that all members chosen for Team on a T.E.C. weekend attend the Focus meeting (usually 5 weeks prior to the weekend) and the Pot Luck meeting (usually 1 week prior to the T.E.C. weekend). Other meetings will be necessary for each team.
4. You must be able to arrive at the Magnificat Center for the T.E.C weekend on Friday evening at 7:00 pm and stay through Monday evening until 7:30 pm.
5. Team fee of \$70 is to be paid at the Pot Luck meeting. **Make checks payable to “New Orleans TEC.”**
6. Alcohol, drugs, and under-aged smoking are not allowed on the T.E.C. weekend.
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 T.E.C. process and weekend, please reconsider submitting an application at this time.

I understand and will abide by the above responsibilities for membership on a team to work a Teens Encounter Christ retreat.

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

Please make sure you complete the other side of this form before submitting this application. This application and a completed copy of the T.E.C. consent and medical form should be sent to the following address or faxed to 504-836-0552:

**TEC New Orleans**  
**CYO/Youth and Young Adult Ministry Office**  
**Archdiocese of New Orleans**  
**1007 Airline Park Blvd.**  
**Metairie LA 70003**

**CURRENT RETREAT DATES:**

T.E.C. #	Team Retreat Dates	Application Deadline	Focus Meeting	Pot Luck
115	January 13-16, 2012	December 5, 2011	December 11, 2011	January 8, 2012
116	June 22-25, 2012	May 10, 2012	May 20, 2012	June 17, 2012
117	July 27-30, 2012	June 14, 2012	June 24, 2012	July 22, 2012
118	August 30-Sept 3, 2012	July 19, 2012	July 29, 2012	August 26, 2012

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age on weekend: \_\_\_\_\_

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

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

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

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

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

Primary Phone #: \_\_\_\_\_  Home  Cell  School  Work

Secondary Phone #: \_\_\_\_\_  Home  Cell  School  Work

School (if student): \_\_\_\_\_ Employment: \_\_\_\_\_

Church Parish: \_\_\_\_\_ Original TEC #: \_\_\_\_\_

**Previous TEC / Youth Ministry Experience:**

List the TEC numbers of each team you have previously served: R.T. : \_\_\_\_\_

C.T. : \_\_\_\_\_ W.T. : \_\_\_\_\_

List the TEC numbers of each team you applied for but we not selected to work: \_\_\_\_\_

Why do you want to work on this T.E.C. weekend? \_\_\_\_\_

What activities do you participate in at your school, church, or other organizations? \_\_\_\_\_

What qualities do you posses that make you a good team member? \_\_\_\_\_

Check all of the meditations you have given or roles you have served on TEC:

- Growth & Ideals       God Experience       Paschal Mystery       Metanoia
- Sat. Night Prayer       Sunday Morn. Prayer       God A Comm. Of Love       Church People of God
- Christian Life       Signs       Peace       Sunday Night Prayer
- Monday Morning Prayer       Discipleship       Young Disciple       Beyond TEC
- Name Game       Saturday Games       Sunday Games       Photographer
- Musician       Song Leader       Bible Enthronements

**For T.E.C. Leaders**

Which leadership roles on this T.E.C. weekend might interest you?

- Asst. Lay Director       Asst. Spiritual Director       C.T. Director       W.T. Director
- Song Leader       Musician – Instrument(s): \_\_\_\_\_

Why do you think you should be in a leadership role for this T.E.C. weekend? \_\_\_\_\_



## 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): **Magnificat Center of the Holy Spirit, Pontchatoula, Louisiana**

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

Duration of activity: **8:00 AM Saturday – 8:30 PM Monday, dates here:** \_\_\_\_\_

Mode of transportation to and from event: **Retreatants by school bus unless 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