



ARCHDIOCESE OF  
**NEW ORLEANS**  
A ministry of the Roman Catholic Archdiocese of New Orleans

Dear T.E.C. Applicant,

This application contains all the information you will need to join many young people and adults who attend a T.E.C. weekend. On this form you will find general information regarding the dates of T.E.C. weekends, the beginning and ending times for T.E.C., the cost of the weekend, items to bring, and some ideas explaining what T.E.C. means. You may also visit [www.tecneworleans.com](http://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 all costs at the retreat including lodging and meals. Transportation is available for an extra fee. Return this form along with the medical form and a non-refundable deposit of \$25.00 to the address below as soon as possible. Make checks payable to "New Orleans TEC." Applications will be held for one year from the first T.E.C. weekend for which you apply. After that time, you will need to reapply with a new application and deposit. If you cancel during the last week before the retreat weekend, we may ask that you reapply. Once we have received your application, 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 Magnificat Center of the Holy Spirit in Ponchatoula, LA. T.E.C provides bus transportation to the retreat center from the Greater New Orleans area. The bus leaves from the Archdiocesan Administration Building, 7887 Walmsley Ave., New Orleans, at 8:15 a.m. on the Saturday of the retreat weekend and returns to the same address at approximately 8:00 p.m. on Monday.

The topics and approach of T.E.C. demands that applicants must have completed the first semester of their Junior year of High School. Most participants are high school juniors and seniors, college students, and young adults. Older adults such as parents or adults working in youth ministry may find TEC beneficial as well. 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.

**T.E.C. 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 T.E.C. weekend of your choice. If you have any questions about T.E.C., please contact the New Orleans CYO/Youth Ministry Office at (504) 836-0551.

**MAIL TO:** T.E.C. New Orleans  
CYO/Youth and Young Adult Ministry Office  
Archdiocese of New Orleans  
1007 Airline Park Blvd.  
Metairie LA 70003

T.E.C. #	Retreat Dates
115	January 14-16, 2012
116	June 23-25, 2012
117	July 28-30, 2012
118	September 1-3, 2012



# 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): \_\_\_\_\_

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

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

Male/Female: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Year/Grade in School: \_\_\_\_\_

School: \_\_\_\_\_ Job: \_\_\_\_\_

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

Will you be taking the *optional* bus transportation to the retreat (please add \$20 fee if 'Yes')? YES

Any special health, physical or dietary needs you may require during the weekend? \_\_\_\_\_

Why do you wish to make a T.E.C. weekend? \_\_\_\_\_

Who told you about T.E.C.? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who do you know that may be applying to attend or work this T.E.C. 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): **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