

Teens Encounter Christ Application

What is it?

- ❖ A three day retreat specifically designed for high school juniors and older youth.
- ❖ A Catholic program that provides an experience in Christian Living
- ❖ An opportunity to...
 - ..be in a different atmosphere away from home and school*
 - ..meet other young people from other parishes and schools*
 - ..reflect and share with others how you see yourself, your ideals, your hopes, your dreams.*
 - ..find Gods' presence alive today*



Where is TEC held?

- ❖ At various locations in the rural and omaha area

How long is it?

- ❖ TEC goes from 10:00 am on Saturday-5:30 on Monday or 5:00 pm Friday-6:00 pm Sunday

How much does it cost?

- ❖ TEC costs \$60 (Omaha) \$65 (Rural)
- ❖ Scholarships are available



Things to know

What to bring? Casual clothing, but appropriate for a Christian environment.

Who is it for? TEC is for 2nd semester juniors and older.

How much does it cost? \$60 -Omaha, \$65-Rural (\$10 non-refundable deposit with application). No refunds will be made if application is withdrawn within one week of weekend.

A confirmation letter will be sent with other important information.

TEC Candidate Application

Return this application, along with \$10 non-refundable deposit)

Date of TEC _____ Please check one: _____ Omaha _____ Rural _____
Name _____ Phone _____
E-mail (if applicable) _____
Street _____ City _____ State _____ Zip _____
Parish _____ School _____
Birthday _____ Graduation Year _____
List School Activities _____
Parent/Guardian: Home Phone _____
Work Phone _____
Parent Signature _____
How did you learn about TEC, and why do you want to come _____

This reference form is to be filled out by an adult who is familiar with the TEC retreat program, but is not the parent/guardian of applicant. Give this form to your reference along with your deposit and an envelope ready for mailing to the appropriate address.

Reference name _____ Association to Applicant _____
Telephone # _____
Is the applicant generally: Talkative _____ Quieter _____ Average _____
Mature _____ Immature _____ Average _____
Leader _____ Follower _____ Average _____
Additional comments: _____

Return Applications to:

Omaha

TEC
c/o Office of Evangelization and Catechesis
Mercy Hall, 3300 N. 60th St.
Omaha, NE 68104

402-557-5610

Rural

TEC
c/o Ruth Bloedorn
493 River Road
Wisner, Ne 68791

402-640-3446

Youth Code of Behavior

We are happy and excited that you are joining us as part of TEC. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the event, and of making the learning experience a healthy and growthful one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful event experience. Success depends on people's willingness to work together for the common good.
- Participants take part in TEC as an individual. The families of participants assume responsibility for any damage done to the housing facilities.
- While participating in the TEC weekend we ask that you do not invite friends who are not part of the program to come and visit you.
- Participants are expected to attend all sessions and community activities. Name badges should be worn during all program activities.
- Dress throughout the experience is casual but appropriate for a Christian environment, however shirts and shoes are required in all areas except the dormitories. T-shirts/sweatshirts with alcohol, tobacco or sexual overtones are not acceptable, nor is clothing exposing any part of under garments. Sleepwear is only permitted in the sleep areas.
- Socializing should take place only in the designated public area of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex without the permission and presence of an adult leader.
- Christian behavior is expected at all times. Respect for individuals, the community and the facilities is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, etc. are considered inappropriate for this Christian environment.
- Each day will be a busy one-making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept to a minimum. Scheduled quiet and silent times must be honored.
- The Archdiocese of Omaha and TEC adheres to the State Statutes in regards to tobacco products, therefore tobacco products are not allowed by anyone under the age of 18.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the Code of Behavior and other inappropriate behavior will meet with the same consequences.

Parent or Guardian: I agree that my youth shall abide by the rules and regulations outlined in the *Code of Behavior*, I have reviewed it and discussed the Code with my youth prior to signing this form. I agree that if my youth fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed from the and sent home at my expense.

Signature _____ Date _____

Youth Participant: I understand and agree to the *Code of Behavior*, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in .

Signature: _____ Date: _____

Consent and Liability Waiver

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name _____

Birth date: _____ Sex _____

Parent/Guardian's name: _____

Home address: _____
Street City Zip

Home phone: _____ Business phone: _____

I, _____, grant permission for my youth, _____,
Parent or guardian's name Youth's name

to participate in this Archdiocesan youth ministry event that is located away from the parish/school site. This activity will take place under the guidance and direction of Archdiocesan parish/campus youth ministers and/or volunteers from parishes/schools.

A brief description of the event follows:

Name of Event: Teens Encounter Christ

Purpose of Event: Retreat

Location: Various Retreat Centers

Date and Time of event: Saturday, 10:00 am- Monday, 5:00 pm or 5:00 pm Friday-6:00 pm Sunday

Transportation: Individual Responsibility

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors and agents, and the

Name of sponsoring Parish/School

Archdiocese of Omaha, chaperons, or representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith and I agree to compensate the parish/school, its officers, directors and agents, an the Archdiocese of Omaha, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

Photo Release: Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Archdiocesan Coordinator of Youth Ministry in writing to the contrary.

Medical Matters

Participant Name _____

I hereby warrant that to the best of my knowledge, my youth is in good health, and I assume all responsibility for the health of my youth. **(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 youth 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 parish/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the activity that my youth becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reverse to myself),

Signature: _____ Date: _____

Medications: My youth is taking medication at present. MY youth will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the youth takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

Sign 'a' or 'b', not both

a) No medication of any type, whether prescription or non-prescription, may be administered to my youth unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

b) I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my youth, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school/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 the youth have a medically prescribed diet? _____

Any physical limitations? _____

Is the youth subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____

Has the youth 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 youth: _____