



ARCHDIOCESE OF
NEW ORLEANS

CYO/Youth &
Young Adult Ministry



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

APPLICATION FOR TEAM ON TEC # _____

IMPORTANT!!! READ ALL OF THE FOLLOWING:

1. This is a selection process, meaning that applying for team does not assume acceptance. The Selection Team selects TEC retreat teams at least 6-7 weeks before the TEC retreat. 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 TEC retreat by the Thursday before the Focus Meeting. The Selection Team will notify anyone not selected for the team.
2. This application is good for THIS TEC ONLY. Please reapply if you wish to work other retreat.
3. Required Meetings:
 - a. Focus meeting (usually 5-6 weeks prior to the retreat) **SEE DATES BELOW**
 - b. Potluck meeting (usually 1 week prior to the TEC retreat)
 - c. Other meetings as necessary for each team (usually 2-3 meetings per team)

***Focus and Potluck meetings can be scheduled at any time on the dates below. Please hold the entire day open on your calendar. If you have an issue with this requirement, please note it on your application. ***
4. You must be able to arrive at the **Carmelite Spirituality Center** for the TEC weekend on Friday evening at 6:00 pm and stay through Monday evening until 7:30 pm.
5. Team fee of \$125 is to be paid no later than the Pot Luck meeting. Scholarships are available; send a request to tecneworleans@arch-no.org or note on this application. **Make checks payable to “New Orleans TEC.”**
6. Alcohol, drugs, and under-aged smoking are not allowed on the TEC retreat.
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 TEC process and retreat, please reconsider submitting an application at this time.
8. Please be aware that unless you opt out, in writing, you will receive both e-mail and text message announcements from TEC New Orleans and the CYO/Youth & Young Adult Ministry Office of the Archdiocese of New Orleans about relevant ministry events and activities.

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

Signature: _____

To complete this form, you may write in your information and then scan and e-mail to tecneworleans@arch-no.org, fax to 504-836-0552, or mail to the address below. You may also type your information into the various fields and save as “TEC App - YourName” and then e-mail as an attachment to tecneworleans@arch-no.org

TEC Retreats CYO/Youth & Young Adult Ministry Office 2241 Mendez Street New Orleans, LA 70122

CURRENT RETREAT DATES:

| TEC # | Retreat Dates | Applications Due | Focus Meeting | Potluck |
|-------|------------------------|------------------|-------------------|-----------------|
| 143 | July 30-Aug 1, 2022 | June 10, 2022 | June 14, 2022 | July 24, 2022 |
| 144 | January 13 – 16, 2023 | December 4, 2022 | December 11, 2022 | January 8, 2023 |
| 145 | June 29 – July 3, 2023 | May 14, 2023 | May 21, 2023 | June 25, 2023 |
| 146 | July 28-31, 2023 | June 11, 2023 | June 17, 2023 | July 23, 2023 |



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PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

PARTICIPANT INFORMATION

Participant's Name: _____

Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

I, _____, grant permission for my child, _____, to participate in _____, **(Event Name)** that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of employees and/or volunteers from _____ **(Parish/School Name)**.

As parent and/or legal guardian, I remain legally responsible for any actions of the above-named minor ("participant"). I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

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 **CYO/Youth & Young Adult Ministry Office, the parish and/or school** and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with the negligent or intentional acts of my child or third parties.

Signature: _____ Date: _____

PHOTO & VIDEO USE RELEASE

I agree that _____ **(Parish/School Name)** may use any photographs or videos taken of my child in connection with this event for promotional purposes in any form, including all print and digital media. I acknowledge that _____ **(Parish/School Name)** has no responsibility in the misuse of these photographs or videos once published. I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend _____ **(Parish/School Name)**, 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 use of photographs and videos of my child in connection with this event.

Signature: _____ Date: _____

CHILD MEDICAL INFORMATION CONSENT FORM

General Instructions to Parents/Guardians:

Participant's Name: _____

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: MEDICAL MATTERS

As the parent/legal guardian of the above-named child, who is currently associated with _____
(Parish/School Name), I hereby authorize _____ **(Parish/School Name)** or their assistants to carry out the authorizations I have delineated in areas of emergency medical treatment and other cases of illness. These authorizations inclusively extend from _____ **(Start Date of Event)**, through _____ **(End Date of Event)**. 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. I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend _____ **(Parish/School Name)**, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents, and representatives from or in connection with any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained arising from negligence, fault, or strict liability related to facilitating or administering the medical treatment agreed to herein.

Signature: _____ Date: _____

SECTION II: 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 numbers listed herein, please contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

(OPTIONAL. SIGN ONLY IF YOU WANT TO BE NOTIFIED IN THE FOLLOWING INSTANCES)

In the event it comes to the attention of the CYO, the parish, the school, or their agents or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

SECTION IV: MEDICATIONS (SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- **OPTION 1:** 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:

Signature: _____ Date: _____

- **OPTION 2:** I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

- **OPTION 3:** 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: _____

SECTION V: MEDICAL INFORMATION

The CYO or parish or school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting?

Has child recently been exposed to any contagious disease or conditions, such as COVID-19, mumps, measles, chickenpox, etc.

_____ If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

PARENTAL/GUARDIAN COVID-19 CONSENT FORM & LIABILITY WAIVER

Participant's Name: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended _____ **(Parish/School Name)** will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, _____ **(Parish/School Name)** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at _____ **(Parish/School Name)** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, _____ **(Parish/School Name)** employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in this Parish/School activity that may require transportation to a location away from the Parish/School site, notwithstanding the risks associated with the COVID-19 virus and group activities. I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless _____ **(Parish/School Name)**, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____ Date: _____