



ARCHDIOCESE OF
NEW ORLEANS

CYO/Youth &
Young Adult Ministry



Dear TEC Applicant,

TEC is an experience in Christian living designed especially for teenagers and young adults in college. Adults over the age of 25 may attend as “adult faith witnesses” but these spaces are limited on each retreat and are primarily for those working in Catholic education or youth ministry. Remember that this is an application to attend, not an automatic registration. This application contains information you will need to join many young people and young adults who attend a TEC weekend. Within this form you will find general information regarding the dates of a TEC weekends, the beginning and ending times for TEC, the cost of the weekend, items to bring, and some ideas explaining what TEC means. You may also visit 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 \$225, which covers the costs of the retreat including lodging and meals. Return this form to the address at the bottom of the page. Please make your check payable to "New Orleans TEC" If you cancel during the last week before the retreat weekend, we may ask that you reapply. Once we have received your application and all forms, we will notify you by e-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 **Carmelite Spirituality Center** in Lacombe, LA. You should arrive at the Carmelite Spirituality Center at 9:30 a.m. on Saturday of the retreat. On Monday of the retreat we plan to conclude at 6:30 p.m.

The topics and approach of TEC demands that applicants **have completed their sophomore year of high school.** Most participants are high school students, college students, and young adults. 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.

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.

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

MAIL TO: TEC New Orleans

CYO/Youth and Young Adult Ministry Office
Archdiocese of New Orleans
2241 Mendez Street
New Orleans, LA 70122

TEC #	Retreat Dates
144	Jan, 14-16, 2023
145	July 1-3, 2023
146	July 29-31, 2023
147	Jan, 13-15, 2024



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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: _____