

Teens Encounter Christ Registrations are not considered complete until our office receives this completed registration packet, including reference form for each participant and payment. **Cost for the weekend is \$85** (be sure to include payment if not registering electronically) and includes meals, snacks, lodging, and t-shirt.

Transportation to TEC is the responsibility of the participants. Upon receipt of completed packet, you will be emailed notification that the forms were received along with a "What to bring list."

Mail completed forms no later than the registration deadline to:

Office of Youth and Young Adult Ministry
2708 Old Fair RD
Grand Island, NE 68803

Teens Encounter Christ #108:

January 19-21, 2019

St. Patrick, Sidney NE

Registration Deadline: January 10, 2019



****You may keep this page for your reference****

TEC APPLICATION

Today's Date _____ **TEC Date and location** _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City/State) (Zip)

Phone _____ **Date of Birth** _____ **Gender: M** ___ **F** ___

Parish: _____ **Parish Town:** _____

T-Shirt Size: ___ **S** ___ **M** ___ **L** ___ **XL** ___ **2XL**

E-mail Address: _____

Parents/Guardian: _____

Parent E-mail Address: _____

Has anyone in your family made TEC? Yes _____ No _____

TEC is an experience of Faith based on a Catholic Christian Perspective! While everyone is welcome to apply for TEC, please know that the weekend is presented from a Catholic Christian Perspective.

TEENS ENCOUNTER CHRIST

Teens Encounter Christ is an experience in Catholic living designed especially for young people. This program is sponsored by the Diocese of Grand Island Office of Youth and Young Adult Ministry with Eric Heckman as Director.

The purpose of Teens Encounter Christ is to create a space to reflect upon your ideal self, hopes, dreams, and problems and to discover a God you can believe in, a Christ you can encounter as risen and alive in your midst. The activities provide an enjoyable opportunity for the young people to develop a better sense of self, to build positive relationships with others and to grow closer to God

EMERGENCY MEDICAL/PERMISSION FORM

This release is effective from _____ until _____.

I/We, _____ (names), as the parents/legal guardian of _____ (name), a minor residing at the address below, hereby grant the **Diocese of Grand Island** and their staff of the **TEC** program permission to transport this minor to an emergency medical or health care facility for immediate treatment and/or consultation, if deemed necessary. I/We understand that I/we will be notified of any emergency situation immediately.

I/We give authorization to the attending physician, dentist, or medical personnel for any required immediate treatment in the event that I/we cannot be reached at the time of the emergency. I/We agree to be financially responsible for any and all medical expenses and/or treatment costs and all related services provided to the above mentioned minor, and I/we release the **Diocese of Grand Island, TEC** staff, from any liability.

I/We understand that this event is sponsored by the **Diocese of Grand Island**. I hereby grant permission for MY/OUR son/daughter to participate in **TEC** and accept full responsibility for any legal or financial consequences which may result from any personal actions (ie. damage to property or other participants/staff) taken by MY/OUR son/daughter, and I/WE agree to hold the **Diocese of Grand Island** and the **TEC Staff** harmless with respect to any actions or claims that may be made in connection with personal actions taken by MY/OUR son/daughter.

I/We authorize the release of information to my/our insurance company and family physician:

Insurance Company Name: _____

Address: _____

Phone: _____ Policy # _____

Physician's Name: _____

Address: _____

Phone: _____

This minor has the following **allergies** (including food allergies)

This minor has the following **medical conditions** (including mental health or pregnancy):

This minor is currently taking the following **medications**:

Approximate Date of last Tetanus Shot: _____

Please check:

I prefer that she/he be responsible for these medications her/himself.

I prefer that the staff hold these medications and dispense according to the directions.

I do **I do not** give permission for this minor to be given over-the-counter treatments (such as Tylenol, Tums, Sudafed, etc.) if she/he experiences discomfort and requests treatment.

Date: _____

(Signature of parent(s)/legal guardians)

Address: _____

Home Phone: _____ Town: _____ Zip: _____

Work Phone: _____ (ask for _____)

Work Phone: _____ (ask for _____)

Code of Conduct

To accomplish the purpose of Teens Encounter Christ everyone on the week must agree to a “Code of Conduct.” These guidelines are necessary to make the stay enjoyable for all and to avoid problems. Participants have a responsibility to themselves and others to follow these guidelines:

- ◇ Be Respectful and Safe. At Teens Encounter Christ we expect to create an environment of safety and trust. The use of our bodies, language, and humor must always honor the dignity of every person. If you jeopardize the physical or emotional safety of yourself or the group, you choose to have a parent or guardian pick you up and take you home immediately.
- ◇ Be Responsible and Honest. Participants are expected to be present at all activities on time and participate fully. Established guidelines will be observed at all times. We need to take care of the building and grounds. Any damage is to be reported immediately and involved persons are financially accountable. Emergencies that involve the health and wellbeing of people and/or property must be reported to adult staff immediately.
- ◇ The use/possession of illegal drugs, including alcohol, or other illegal/harmful substances is not permitted. If you use/possess these materials, you choose to have a parent or guardian pick you up and take you home immediately. Proper authorities will be notified. Do not bring clothing that advertises/promotes alcohol, tobacco or drug use or anything displaying messages that are offensive or contain sexual innuendo. These are contrary to the values of a Catholic youth retreat and are not acceptable at Teens Encounter Christ.
- ◇ Observe appropriate boundaries. All participants must stay in designated areas. Vehicles can only be used with specific permission from the director. Males and females are lodged in dormitories with separate rooms. Participants do not enter each other’s rooms unless supervised by an adult. One of our goals is to relate with everyone present; therefore, during the weekend exclusive relationships are discouraged. If you engage in activities contrary to these guidelines or any activities that jeopardize your safety or the safety of the group, you choose to be removed from the event. Your parent or guardian will be called to pick you up and take you home immediately.

Dress Code

In order to promote a safe, healthy & positive community experience the following dress code must be followed by all male and female participants and staff members.

Shirts must be long enough to naturally touch the top of the lower garment, with arms raised. Shirts must cover the shoulders. All attire should be sized to fit without exposing undergarments, buttocks, stomachs or cleavage.

- Shorts & skirts must be fingertip length
- No yoga pants
- No spaghetti straps, tank tops, and halter tops or transparent/mesh clothing or shirts with revealing necklines or armholes
- No clothing or accessories that promote drugs, alcohol or tobacco either by brand or message
- No clothing or accessories with sexually suggestive language or messages or clothing or accessories that promote violence, criminal activity, intimidation or intolerance of other (based on religion, ethnicity, gender or lifestyle)
- Modest swim wear appropriate for a Catholic retreat setting. No speedos or bikinis

Participant / Parent Signature:

I understand and accept the guidelines and policies stated in this Code of Conduct. I will accept the consequences should my son/daughter choose to violate the code. I agree to come to the retreat and pick up my son/daughter, should he/she choose to behave in a manner that the director and staff judge to be a serious violation of this code and is contrary to the mission of Teens Encounter Christ.

Participant Signature

Date

Parent Signature

Date

TEENS ENCOUNTER CHRIST TEC REFERENCE FORM

Dear Friend:

The young person who has given you this form has applied to participate in a TEC weekend.

TEC is an experience in Catholic Christian living, which has been designed especially for young people. It's an international program with hundreds of such weekends being conducted annually since the origin of the program in 1965.

The weekend is based on solid and up-to-date theological and psychological principles. The testimony of thousands of young people who have participated in the program gives ample and convincing evidence that the program touches the participants quite deeply and has a positive influence on their value system.

In order that the TEC team may be able to deal personally and sympathetically with each participant, we ask that you fill out the reference form on the other side. Your comments, of course, will be kept in confidence.

Thank you for your assistance. Please pray for the young person you are recommending.

Yours Sincerely in Christ,

The TEC Coordinators

Eric Heckman
Director of Youth & Young Adult Ministry
308-382-6565

Please return this form (in stamped envelope supplied by the young person) as soon as possible to:

TEC
c/o Office of Youth and Young Adult Ministry
2708 Old Fair RD
Grand Island, NE 68803

Name of person applying for TEC: _____

Date of the TEC weekend: _____

How long have you known this person? _____

My acquaintance with this person: distant average very close

My relationship to this person:

Teacher Family/Friend Employer Counselor Pastor Religious Instructor

Other _____

How would you assess this candidates leadership skills:

Poor Average High

How would you assess this candidates Maturity level:

Very Mature Average Immature Very Immature

How would you describe this candidates Relationship to his/her Peers:

“Loner” Very Quiet Disliked Average Very Talkative Domineering Highly Respected

Relationship to Family: (Please use your own judgment)

How do you assess this candidates Attitude Toward Religion:

Antagonistic Indifferent Confused Positive Enthusiastic Overly Pious Don't Know Other

How does this candidate Relate to others in a group discussion:

Quiet Average Participant Domineering Very Talkative Fair Discussion
Leader Good Discussion Leader Don't Know

Please comment below so as to help the TEC team members to understand and deal sympathetically with this young person. Possibly mention any home problems, personality problems, attitudes toward life, doubts, difficulties or hopes that you feel would help us to better understand this student.

Signature _____ Phone _____ Date _____

