



*The Team is waiting for you!*

## **T**eens and Twenties **E**ncounter **C**hrist

TEC retreats are a very intensive and prayerful experience of three days with other teenagers and adults who want to journey more deeply into faith.

TEC retreats include small group interaction; games and music; rituals and prayer; processions and powerful talks by young people and adults; a chance to meet young people from all over the Archdiocese and ways to grow closer to God!

TEC retreats are only for those who have completed first semester of junior year in high school and older though college age young adults. Youth Ministry adult leaders, you can sign up for the adult table if you want to experience this retreat yourself.

The next TEC retreat runs from  
**Saturday, February 13<sup>th</sup> - 9:45am and does not end until**  
**Monday, February 15<sup>th</sup> - 5pm at the Flaget Center.**

*“This was the best retreat I have ever attended! The retreats I attended in the past focused on my relationships with others but this one focused on my relationship with God and I grew closer to Him and my faith!! I hope every teen can have the opportunity to go to a TEC retreat!”*

**TEC APPLICATION**

**Feb. 13<sup>th</sup> 9:45am – Feb. 15<sup>th</sup> 5pm**

(Check one) €Youth (high school age 16-19) €Young Adult (college 18-up to 26yrs, old) €Adult €Seminararian

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address (for future mailings) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant’s e-mail address: \_\_\_\_\_

School (if applicable) \_\_\_\_\_ HS Graduation Year \_\_\_\_\_

Parish \_\_\_\_\_ or Diocese if visiting \_\_\_\_\_

Youth only: Parent’s Full Names \_\_\_\_\_

Youth only: Parent Cell Phone(s) \_\_\_\_\_

Everyone: List any medical, physical, or dietary needs/limitations:  
\_\_\_\_\_  
\_\_\_\_\_

List activities you are involved in at your parish (and/or school):  
\_\_\_\_\_

Why do you want to make a TEC?  
\_\_\_\_\_

What is your religious denomination, if other than Catholic? \_\_\_\_\_

Participants will be receiving a T-shirt. T-shirt size \_\_\_\_\_

Check Your Participation Qualities: Quiet \_\_\_\_\_ Average \_\_\_\_\_ Talkative \_\_\_\_\_

**You will need: clothes and toiletries for 3 days; a 2liter of soda or a packaged snack.  
TEC is held at 1935 Lewiston Dr. Louisville, KY 40216. Bed linens/towels provided.**

**PLEASE COMPLETE THE WAIVER/MEDICAL INFO FORM and return both forms with payment  
to:  
TEC, 1935 Lewiston Dr., Louisville, KY 40216**

**Payment \$110\_\_ (Send with application) Make checks out to:  
Archdiocese of Louisville.**

**WAIVER, RELEASE, AND MEDICAL INFORMATION  
ARCHDIOCESE OF LOUISVILLE AND TEC**

Name of participant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Emergency Contact (home) \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Emergency Contact (cell phone) \_\_\_\_\_

**Health Information**

Name of Family Physician \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Allergies \_\_\_\_\_ Special Food Needs: \_\_\_\_\_

**MUST LIST ALL CURRENT MEDICATIONS** \_\_\_\_\_

(Notify retreat directors if this changes at time of TEC weekend.)

May we give Tylenol? \_\_\_\_\_ Special Food Needs: \_\_\_\_\_

Permission to use photographs/ videos taken at this event for Archdiocesan publications.. Permission: Yes € No €

I do hereby, waive and release any and all claims that I may have against the Office of Lifelong Formation and Education of the Archdiocese of Louisville, the staff of said office, and any designated driver of a van, bus or car, for any and all injuries or losses suffered at this event. I further waive and release any and all claims against the owners, leasers or operation of any facilities or homes used for the weekend for any and all injuries or losses suffered

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_

**UNDER 18? The following section MUST be completed if the youth is under age 18.**

I, \_\_\_\_\_, parent/guardian request that my child \_\_\_\_\_, be allowed to participate in the "Teens /Twenties Encounter Christ" retreat weekend. I further give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in this activity. In consideration of permitting my child to participate, I do hereby, for myself and my child waive and release any and all claims that I may have against the Office of Lifelong Formation and Education of the Archdiocese of Louisville, the staff of said office, and any designated driver of a van, bus or car, for any and all injuries or losses suffered by said child. I further waive and release any and all claims against the owners, leasers or operation of any facilities or homes used for the weekend for any and all injuries or losses suffered by said child. In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in "Teens/Twenties Encounter Christ." In the event that I cannot be reached, I hereby give permission to the physician selected by the adult in whose care my child has been entrusted to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Father's full name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's full name \_\_\_\_\_ Birthdate \_\_\_\_\_

One parent's signature \_\_\_\_\_