

**LouTEC TEAM APPLICATION: "CHRIST IS COUNTING ON YOU!"**

Youth (17-18)  Young Adult (19-25)  Adult (26+)  Religious  Deacon  Priest

If you wish to be considered to serve on TEC weekend, an application must be submitted. After serving on a team, a new application must be submitted for further consideration. Contact info will be used for follow-up communication and shared with retreat participants and team.

**Please note: Once selected, team members are asked to contribute \$60 toward the cost of the weekend.**

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

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

Home Phone \_\_\_\_\_ Team Member's Cell Phone \_\_\_\_\_

Team Member's E-mail Address: \_\_\_\_\_

Archdiocesan Safe Environment Training & Background Check: Y / N      Approx. Date \_\_\_\_\_

Parish: \_\_\_\_\_

Youth only (under 18): Parent's First/Last Names \_\_\_\_\_

Youth only (under 18): Parent Cell Phone(s) \_\_\_\_\_

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

First TEC \_\_\_\_\_ Have you attended a Reunion? **Y / N**      Last TEC Reunion attended? # \_\_\_\_\_

I would like to serve on LouTEC: # \_\_\_\_\_ (Feb) # \_\_\_\_\_ (June)

Have you served on Team before? **Y / N**

TEC #(s) \_\_\_\_\_ Role \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which role would you like to be considered for? (1=1<sup>st</sup> choice, 2=2<sup>nd</sup> choice, 3=3<sup>rd</sup> choice)

Table Resource  Wheat Team  Meal Prep Team  Sacristan  Music Team

*If Music Team (circle): I sing / I play \_\_\_\_\_*

Have you given a TEC Talk/Meditation before? **Y / N**

If yes, which one(s): \_\_\_\_\_

Do you attend Mass regularly? \_\_\_\_\_

Are you currently living according to the teachings of the Catholic Church? \_\_\_\_\_

I hereby agree to abide by and follow the archdiocesan safe environment policy, and all archdiocesan policies and practices, attend all THREE Formation meetings preceding the TEC Retreat, participate in all activities of the Formation meetings and TEC weekend, and will notify the Lay Director in a reasonable timeframe if I am unable to attend Formation meetings or cannot be on the TEC weekend.

Team Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application and checks payable to "Archdiocese of Louisville" can be sent to:  
Office of Youth & Young Adults, Attn: TEC, 1200 S. Shelby St., Louisville, KY 40203**

**(If you need financial assistance, please contact Karl Dolson: 502-636-0296, kdolson@archlou.org)**

**For internal use only:** Application received on \_\_\_/\_\_\_/\_\_\_

Called to serve on LouTEC# \_\_\_\_\_ and informed of SET & BGC requirements.

**WAIVER, RELEASE, AND MEDICAL INFORMATION  
ARCHDIOCESE OF LOUISVILLE - YOUTH & YOUNG ADULT MINISTRY**

Name of participant: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Emergency Contact (name) \_\_\_\_\_ Relationship to participant \_\_\_\_\_ Phone \_\_\_\_\_

**Health Information**

Name of Family Physician \_\_\_\_\_  
Name of Insurance Co. \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Allergies \_\_\_\_\_

**MUST LIST ALL CURRENT MEDICATIONS**

\_\_\_\_\_  
(Notify retreat directors if medications change at time of TEC weekend.)

May we give Tylenol? Y / N

I do hereby, waive and release any and all claims that I may have against the Office of Youth and Young Adults 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. Further, I give permission for my image in photos and videos taken at this event to be used for Archdiocesan digital and print publications and promotions.

**Participant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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

I, \_\_\_\_\_, parent/guardian request that my child \_\_\_\_\_, be allowed to participate in the "Teens /Twenties Encounter Christ" retreat weekend. I 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 Youth and Young Adults 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 participant. 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. Additionally, I give permission for my child's image in photos and videos taken at this event to be used for Archdiocesan digital and print publications and promotions.

Parent/Guardian Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_