

## TEC YOUTH & ADULT PARTICIPANT APPLICATION



Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_  
School (if appropriate) \_\_\_\_\_ HS Graduation Year \_\_\_\_\_ Parish \_\_\_\_\_  
Parents' Names \_\_\_\_\_ Parent Cell Phone(s) \_\_\_\_\_  
Describe any food allergies or dietary needs: \_\_\_\_\_

Describe your parish and school involvement: \_\_\_\_\_

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

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

Who is your patron Saint? (i.e. your Confirmation name, etc.) \_\_\_\_\_

Participation in a group: Quiet \_\_\_\_\_ Average \_\_\_\_\_ Talkative \_\_\_\_\_

Payment enclosed: \$50 Paid in Full \_\_\_\_\_ I would like assistance with my fee: \_\_\_\_\_

Upon receipt of this application, you will be notified about acceptance. Openings on a particular weekend may not be immediately available. Candidates are placed on a "first come – first served" basis.

### PARENT/GUARDIAN MUST FILL OUT THE REST OF THE APPLICATION

The following must be completed on paper even if the above information is filled out online.

#### **WAIVER FOR PERMISSION TO PHOTOGRAPH**

I, the undersigned, do hereby consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child/me at the Teens Encounter Christ (TEC) retreat and to use these in any and all media, now or hereafter known, and exclusively for the purpose of event/program promotion and/or ministry development. I do hereby release to the Catholic Diocese of Evansville its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's/my image or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child/me, either for initial or subsequent transmission or playback. I also understand that the Catholic Diocese of Evansville is not responsible for any expense or liability incurred as a result of my child's/my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

#### **WAIVER FOR PERMISSION TO CONTACT YOUTH**

I understand that Teens Encounter Christ (TEC) and its volunteers communicate via various means including but not limited to text messages, emails, Instagram, Facebook, etc. I understand that I have a right to join in these communications, and I grant TEC and its volunteers permission to add my child to email, text, Instagram, and Facebook groups and to contact my child through various forms of social media and other communication means to keep them up to date on TEC activities.

☐ I do NOT want my child to be contacted through the following means: \_\_\_\_\_.

☐ I would like to be added to these communications. My email/phone number that I would like to be added are: \_\_\_\_\_

Guardian or Participant 18 and over SIGN HERE \_\_\_\_\_ Date \_\_\_\_\_

# WAIVER, RELEASE, AND MEDICAL INFORMATION

## CATHOLIC DIOCESE OF EVANSVILLE & TEENS ENCOUNTER CHRIST

Youth's Name: \_\_\_\_\_

**This Section MUST be completed if the youth is under age 18 or in high school at the start of the retreat.**

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the Teens Encounter Christ (TEC) retreat. I/We assume all risks and hazards incidental to the conduct of the activities. I/We do further hereby waive, release, absolve indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, Southwest Indiana Teens Encounter Christ, its leaders and volunteers, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither Teens Encounter Christ (TEC), the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engage in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment and no parent can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR TEENS ENCOUNTER CHRIST PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

**Parent/Legal Guardian's Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_

Emergency contact if parents CANNOT be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

List anyone restrained from picking up the child: \_\_\_\_\_

List any allergies or existing disease or medical problems (e.g. diabetes, asthma, epilepsy): \_\_\_\_\_

List any medications your child is taking on a regular basis and instructions for use on the weekend: \_\_\_\_\_

☐ Place "X" in box if it is NOT acceptable for your child to be provided over-the counter medications (e.g., commonly used pain, allergy, or nausea medications).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_