

Teens Encounter Christ Southwest Indiana (TEC)

The Roman Catholic Diocese of Evansville Office of Youth & Young Adult Formation

Mission Statement

SWITEC is a Roman Catholic movement with ecclesial approval in the Diocese of Evansville. TEC presents young adults with an opportunity to encounter the living Presence of Christ and experience the Paschal Mystery. Through a weekend encounter, which is a balance of spiritual, sacramental, and social opportunities, the SWITEC community is committed to exemplify the reality of dying to self, rising to new life, and going forth to answer Christ's call through service and continual learning. SWITEC also promotes the development of intergenerational companionships that provide a network of strength and support, encouraging lifelong responsibility to evangelization and discipleship.

What is TEC?

Teens Encounter Christ (**TEC**) is a three day experience in Christian living for persons who are searching for goals, for acceptance, for meaning, for community, for values, and for God. The goal of TEC is to enable youth to encounter the Risen Christ.

At TEC, you will experience...

- a fresh and exciting place away from home, school, and work
- meeting youth from other areas of the Diocese
- finding how God fits in your life
- encountering Jesus Christ, risen and alive today
- a follow-up program to help you live out your TEC experience and baptismal promises
- time to reflect on your life, ideas, hopes and dreams
- and much, much more!

“An experience of the Paschal Mystery of Jesus Christ, as the Church has us live that experience in the Lent-Easter-Pentecost experience and liturgies, is the content and method of the TEC experience.” TEC Concept Manual, sec.12

SWITEC is affiliated with the National TEC Conference and is conducted according to national guidelines. The Catholic Diocese of Evansville utilizes the work of TEC as an independent lay movement operating in the best interests of Catholic youth in the diocese.

TEC is based on Freedom

It is very important to realize that TEC is a voluntary experience. Candidates must want to participate and are allowed to leave if necessary. No one should be required to make a TEC in order to fulfill a graduation or confirmation retreat requirement. **Parishes and Schools are asked to respect this policy of the TEC community.** TEC is an exercise in freedom. A candidate may be “free to” participate, but may not be “free from” other parental, peer, or work pressures. Parents and peers need to respect a candidate’s freedom to participate.

Age Requirements

Teens Encounter Christ is open to teens who have completed their sophomore year of high school, college aged young adults, and adults. While the activities are geared toward the high school and college age group, adults of all ages find great fulfillment in attending the retreat.

What are the details to participate in TEC?

TEC weekends are held three times a year at St. Mary's Catholic Parish Campus in Ireland, Indiana. **The weekend begins on Saturday morning at 10 a.m. and ends Monday evening at 5 p.m. (Eastern Time).** You will need to bring clothes for Sunday Mass and casual clothes for the rest of the weekend suitable for recreation, and coats and jackets in season. Bring towels, washcloths, personal hygiene articles, sleeping bag and pillow. There will be communal sleeping and bathrooms separated by age and gender.

How to apply

Complete the application. Have a parent or guardian sign, date and complete the waivers and emergency information. Mail the completed application and waiver to the address printed at the bottom of the form. A \$50 fee helps to cover the cost of the TEC weekend and should be included with the application if possible. No one will be denied participation due to lack of funds and the fee can be waived.

Dates for Upcoming TEC Retreat Weekends

November 4-6, 2023

February 17-19, 2024

July 20-22, 2024

November 9-11, 2024

***Mail Application to: TEC APPLICATIONS * P.O. Box 505 * Jasper, IN 47546 * (812) 639-9436 (Hannah) * tec@evdio.org**

updated October 2024

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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, its volunteers, 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, volunteers, 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 Catholic Diocese of Evansville, its employees, its volunteers, or agents 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:** _____