

### 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 into 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!

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**Just as Christ was raised  
from the dead by the  
glorious power of the Father,  
so also we might live a new life.  
Romans 6:4**

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You can call or write the Office of Youth Ministry for a TEC schedule. This national program began in 1965 and came to Western Kentucky in 1976. Since that time, thousands throughout the Diocese have grown in their understanding of how powerful the church's impact can be when we understand our basic mission, to live and spread the teachings of the gospel.

#### 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 to satisfy some disciplinary action.

Parishes and schools are asked to respect this desire of the TEC community.

TEC is a exercise in freedom. A candidate may be "free to" participate, but may be "free from" other parental, peer, or work pressures. Parents and peers need to respect a candidate's freedom to participate.

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**Unless a grain of wheat  
Falls to the ground and dies,  
It remains only a single grain:  
but if it does die,  
it produces a rich harvest.  
John 12:24**

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### Age requirements

Teens Encounter Christ is open to young adults who are juniors and seniors in high school.

Teens Encounter Christ is also available for high school graduates who are at least 18 – age 26. A separate application is available for young adults.

## WHAT DO I BRING AND WHERE DO I GO

**Money:** TEC is only **\$50** (\$10 non-refundable deposit required) thanks to subsidies provided by generous people and organizations throughout the diocese. Make checks payable to Western Kentucky TEC. *Full financial assistance available from generous donors.* For further information contact your parish or the Office of Youth Ministry.

**Clothes:** Dress is casual (jeans, etc.) Bring towels, wash cloth, sleeping bag or blanket, pillow, and you may want a portable mattress.

**When:** TEC begins Saturday 10 a.m., ends Monday evening between **5PM-6PM.**

**Where:** Various locations throughout the diocese.

#### How to apply

Complete the application on the next page. Have a parent or guardian sign, date, and complete the CONSENT TO MEDICAL TREATMENT AND WAIVER. Mail the completed application and waiver to the address printed on the top of the form **at least two weeks prior** to the date of the TEC you wish to attend.

**Registration will not be accepted at the door.**

A \$50 fee is expected for a TEC weekend. A non-refundable \$10 (which will apply toward the total) is required with the application. No one will be denied participation due to lack of funds.

Mail the completed application, along with the \$10 deposit, at least TWO WEEKS before the date of the TEC retreat desired. 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 serve" basis.

Mail completed application to:  
Office of Youth Ministry • 600 Locust St. • Owensboro, KY 42301 • (270) 683-1545

**TEC APPLICATION**

Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Parish \_\_\_\_\_ Pastor or Youth Minister \_\_\_\_\_

School (if appropriate) \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Preferred TEC weekend: \_\_\_\_\_

How many brothers \_\_\_\_\_ sisters \_\_\_\_\_ have any of them made TEC? \_\_\_\_\_

Describe any medical, physical, dietary needs: \_\_\_\_\_

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

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

Who is your patron saint: (ie. Your Confirmation name, etc.) \_\_\_\_\_

If other than Catholic, what is your religious denomination? \_\_\_\_\_

I hereby consent to the use of a photograph of my child for the purpose of publication. \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Have your Sponsor complete this section:**

Candidate's leadership qualities: Little \_\_\_\_\_ Average \_\_\_\_\_ Strong \_\_\_\_\_

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

Any other comments: \_\_\_\_\_

**Recommendation:** I recommend that this person be considered as a youth participant for the Teens Encounter Christ Retreat.

**Pastor, Youth Minister, Sponsor Signature:** \_\_\_\_\_

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**WAIVER, RELEASE, AND MEDICAL INFORMATION-CATHOLIC DIOCESE OF OWENSBORO & TEC  
Must be completed if under the age of 18**

I/We, the guardian(s) of the above named youth, hereby give you my/our approval for his/her participation in the Teens Encounter Christ Retreat event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Owensboro, Western Kentucky Teens Encounter Christ, 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. In case of accident or serious illness I request that the TEC Lay Director contact me. If I cannot be reached, I hereby authorize the TEC Retreat Leadership to make whatever arrangements the circumstances allow. It is understood and agreed that neither the Parish, TEC Leaders, nor the Catholic Diocese of Owensboro is the insurer of my/our child's health and safety while he/she is at youth functions or engaged in supervised activities, including sports. I understand it to be my/our obligation to provide such insurance as I may desire to purchase to protect myself/ourselves and my/our child against the cost of sickness and injury. If the above-named child needs emergency medical treatment, and neither a parent /guardian nor the designated family physician can be contacted consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Guardian's Signature X \_\_\_\_\_ Date \_\_\_\_\_

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**EMERGENCY INFORMATION**

Family Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ If Guardian cannot be reached, call: Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Carrier/Phone# \_\_\_\_\_ Policy # of Insurance Policy \_\_\_\_\_

Is there anyone, who has been restricted from picking up the child \_\_\_\_\_

**I understand it is my responsibility to keep the TEC Community informed about such matters  
and to provide copies of relevant court orders and decrees to officials.**

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**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY AUTHORIZED PERSONNEL**

I hereby authorize to administer medication as indicated to:

Name: \_\_\_\_\_ Rx Number \_\_\_\_\_ Name of Medication \_\_\_\_\_

Directions: \_\_\_\_\_ Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Time(s) medication is given at home: \_\_\_\_\_

Times medication is to be given at the event: \_\_\_\_\_

\*\*\* It is my understanding that my signature relieves the TEC personnel of any and all liability related to the administration of the prescribed medication.

**Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone during event** \_\_\_\_\_

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*For Office Use Only:*

*Date Received* \_\_\_\_\_ *\$10 Deposit* \_\_\_\_\_ *\$50 Full Payment* \_\_\_\_\_ *TEC Date Requested* \_\_\_\_\_