



# River of Life TEC

## TEENS ENCOUNTER CHRIST APPLICATION FORM

[www.riveroflifetec.org](http://www.riveroflifetec.org)

### TEC Dates & Deadlines

Girl's TEC #148 – Feb 17-19, 2012: Seniors & Juniors

**Application deadline – January 17, 2012**

Boy's TEC #149 – March 9-11, 2012: Seniors & Juniors

**Application deadline – February 10, 2012**

**[Applications MUST be received before these dates]**

**NOTE: High school graduates under the age of 20 are also welcome to apply; Parental consent forms are NOT required for high school grads.**

### All applications must be mailed to:

TEC c/o Connie Eichhorn  
1203 Hilldale Circle  
Cape Girardeau, MO 63701  
573-335-0645

### Completed Application **must include:**

Completed and Signed Application Form  
Completed and Signed Parental Consent Forms  
Completed TEC Reference Form  
\$80 non-refundable check payable to: TEC

A confirmation will be sent via email (if available) or US Postal Service to all applicants prior to the weekend.

**ALL INFORMATION REQUESTED IS IMPORTANT. PLEASE COMPLETE ALL BLANKS.**

Requested TEC Date: \_\_\_\_\_

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address, City, Zip \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_

Father's Phone # \_\_\_\_\_ Mother's Phone # \_\_\_\_\_

Your Email address: \_\_\_\_\_ Your Cell Phone number: \_\_\_\_\_

(This email address will be used to send a confirmation to you. Please write clearly.)

Interests: School activities, athletics, drama, clubs, music, etc.

---

---

Objectives: (attach another sheet if more space is needed)

What do you see as your future goals (next 5 years)? \_\_\_\_\_

---

---

What do you see as your personal strengths in helping you achieve these goals? \_\_\_\_\_

---

---

What worries or doubts do you face as you look at these goals? \_\_\_\_\_

---

---

What do you consider the most difficult problems facing modern Catholic youth? \_\_\_\_\_

---

---

What are your expectations for this TEC weekend for yourself and other youth who will attend? \_\_\_\_\_

---

---

Do you have close friends who will be attending this TEC weekend? (Please list) \_\_\_\_\_

---

**CODE OF BEHAVIOR**

I, \_\_\_\_\_ (Name), hereby agree to abide by the expected code of behavior required of me when present at this event. I will cooperate fully with any chaperones or leaders of this event and obey local laws and ordinances in addition to any rules given to me. I understand that failure to comply with this code may result in me having to leave the program.

**CONTRACT**

I recognize that TEC is a religious experience.  
I will be present at TEC from 9:00 a.m. Friday until the closing at 4:00 p.m. on Sunday.  
It is my personal choice to make this TEC weekend.  
I will not bring alcohol, drugs (except prescription) or obscene material of any kind to TEC.  
I will not bring a laptop computer or a cell phone to TEC.

**Applicant's signature for CODE OF BEHAVIOR AND CONTRACT:**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Teens Encounter Christ**  
**Diocese of Springfield-Cape Girardeau**  
**www.riveroflifetec.org**

## **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents/Guardians name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_  
(If parents live at separate addresses, please list both)

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone (parents): \_\_\_\_\_

Email address: (parents) \_\_\_\_\_

(Email address will be used for contact. Please print clearly. )

I/we,(parents or guardians) \_\_\_\_\_, grant permission for my/our child, (name of child) \_\_\_\_\_, to participate in **The Teens Encounter Christ (TEC) Retreat** to be held at the **Manresa Center, St. Louis, Missouri** (<http://www.slu.edu/x26990.xml>, near the campus of St. Louis University) on \_\_\_\_\_(dates).

This activity will take place under the guidance and direction of employees and/or volunteers from the Springfield-Cape Girardeau Diocese. As parent and/or legal guardian, I/we remain legally responsible for any personal actions taken by the above named minor ("participant"). I/we agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Springfield-Cape Girardeau, its officers, directors, employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with my/our child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the diocese, its officers, directors, employees, agents and chaperones or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the diocese.

**Emergency Medical Treatment:** In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I/we hereby warrant that to the best of my knowledge, my/our child is in good health, and I assume all responsibility for the health of my/our child. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my/our child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/we hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my/our child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The Diocese will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Does the child have physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

Does the child have special medical conditions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PARENT AGREEMENT :**

**I/we agree that my/our child shall abide by all rules and regulations as established by Teens Encounter Christ. I/we agree that if my/our child fails to abide by the code of behavior my/our child may be sent home immediately at my/our expense.**

**I/we fully understand and sign this Parental/Guardian Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature(s) required).**

Parent(s)/Guardian signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

To Parents / Guardians:

Below you will find release allowing the use of photo/video of your child in River of Life TEC materials and campaigns as well as other medial initiative; i.e.: newsletters, websites, fund development efforts, newspaper and television. Please fill in the blanks, sign, and return. You may wish to make a copy for your records.

**NO PARTICIPANTS NAMES WILL BE USED WITH PHOTOS.**

Multi-Media Release

I, \_\_\_\_\_, give my permission for photographs/video of, \_\_\_\_\_ to be used for the purposes outlined above.

I understand that any photographs/video will be used only in a legal manner and that at no time will my child or I be depicted in any unethical way.

RIVER OF LIFE TEC, CAPE GIRARDEAU, MO  
Organization name and City

---

Parents Name (please print)	Parent Signature	Date
-----------------------------	------------------	------

---

Parents Name (please print)	Parent Signature	Date
-----------------------------	------------------	------

\_\_\_\_\_ I do **NOT** give permission for photographs/videos of my son/daughter to be used for the purposes outline above. (Note: Refusing permission for multi media, will exclude your child from the group picture taken on each weekend.)



**Teens Encounter Christ (TEC)**

**TEC REFERENCE FORM**--- MUST BE COMPLETED BY AN ADULT WHO KNOWS THE STUDENT (TEACHER, COUNSELOR, PRIEST), BUT SHOULD NOT BE A RELATIVE.

The young adult who has given this form to you has applied to participate in a **TEC (Teens Encounter Christ)** weekend. TEC weekends have been held around the world since 1965 to bring young people into a deeper relationship with Jesus Christ and provide a powerful experience in Christian living. TEC is a movement within the Catholic Church and the weekend is based on solid Catholic theological principles.

In order that the TEC team may better serve each participant, we ask that you **fill out the reference form on the right side of this page and return it in a sealed envelope to the person who requested you complete the form.** Your comments may be shared with the TEC Team. This information will otherwise remain confidential.

Additionally, may we ask you to **please pray for this person** that TEC will be a positive and enriching influence on the young person's life.

**If you have any questions** or would like to know more about this program, please feel free to call:

**Connie Eichhorn**  
1203 Hilldale Circle  
Cape Girardeau, MO 63703  
573-335-0645

**Candidate's Name** \_\_\_\_\_

Please circle the appropriate description of the young person and comment if necessary. You may circle more than one.

**My acquaintance with this young person:**

distant          average          very close          teacher          priest

**Exercise of leadership:**

none          little          average          above average          very strong

**Areas of leadership:**

athletic          government          social          spiritual          community  
work          parish program          other: \_\_\_\_\_

**Maturity:**

immature                                  somewhat mature                                  very mature

**Psychologically adjusted:**

poorly adjusted                                  average                                  very well adjusted

**Relationship to peers:**

Loner          very quiet          talkative          well liked          respected

**Attitude toward religion:**

antagonistic          indifferent          searching          positive          pious

**Participation in a discussion group:**

quiet          average          talkative          domineering          good leader

This information is confidential and used to determine how to place the person in a discussion table. Please give an overall description or other important information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name & #: \_\_\_\_\_

\_\_\_\_\_