

# Teens Encounter Christ Southwest Indiana TEC

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

P.O. Box 4169  
Evansville, IN 47724-0169

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

## 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 age 17 (or must be attending classes as a high school junior) through age 22. Teens attending classes in their junior year but who have not reached their 17<sup>th</sup> birthday will also be accepted. Teens Encounter Christ is also available for adults over age 22 who wish to take an active role in the TEC movement.

## What are the details to participate in TEC?

TEC weekends are held four times a year in various locations throughout the Diocese of Evansville. **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.

## How to apply

Complete the application. Have a parent or guardian sign, date and complete the PHOTO RELEASE and CONSENT TO MEDICAL TREATMENT AND WAIVER. Mail the completed application and waiver to the address printed at the bottom of the form. A \$50 fee is expected for a TEC weekend and should be included with the application if possible. No one will be denied participation due to lack of funds.

## TEC YOUTH & ADULT OBSERVER APPLICATION

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_  
School (if appropriate) \_\_\_\_\_ HS Graduation Year \_\_\_\_\_ Parish \_\_\_\_\_  
Parent Names \_\_\_\_\_ Parent Cell Phone(s) \_\_\_\_\_  
How many brothers? \_\_\_\_\_ sisters? \_\_\_\_\_ Have they made TEC? \_\_\_\_\_  
Describe any medical, physical, 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.) \_\_\_\_\_

Participants will be receiving a T-Shirt. T-Shirt Size? \_\_\_\_\_

**Have your Sponsor complete this section:** (ask someone at your parish or who has made TEC)

Candidate's Leadership Qualities: Little \_\_\_\_\_ Average \_\_\_\_\_ Strong \_\_\_\_\_

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

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

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

**Pastor's / Youth Minister's / Sponsor's Signature:** \_\_\_\_\_

Payment enclosed: \$50 Paid in Full \_\_\_\_\_ First Choice of Weekend Date \_\_\_\_\_

**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.**

### **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 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 image or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, 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 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.

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

**Waiver, Release, and Medical Information Must be Completed and Returned with Application**

# WAIVER, RELEASE, AND MEDICAL INFORMATION CATHOLIC DIOCESE OF EVANSVILLE & TEC

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

I/We, the guardian(s) of the above named youth, hereby give 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 Evansville, Southwest Indiana 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 the TEC Lay Director to 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 Evansville is the insurer of my 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 obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury. If the above-named child needs emergency medical treatment, and neither a parent 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 \_\_\_\_\_

## EMERGENCY INFORMATION

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

Phone \_\_\_\_\_

If Guardian cannot be reached, call (name) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

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

Name of Family Insurance Carrier/Phone #: \_\_\_\_\_ Policy # of insurance policy \_\_\_\_\_

Is there anyone who by court order or decree is designated as the primary or sole custodial parent?

\_\_\_\_\_  
Name anyone who has been restrained 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.**

## AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY AUTHORIZED PERSONNEL

I HEREBY AUTHORIZE PERSONNEL TO ADMINISTER MEDICATION AS INDICATED TO:

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

Directions: \_\_\_\_\_ Doctor: \_\_\_\_\_

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

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

Time(s) medication is to be given at the event: \_\_\_\_\_

I UNDERSTAND THAT MY SIGNATURE RELIEVES THE TEC PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF THE PRESCRIBED MEDICATION.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone during the event: \_\_\_\_\_