



Rocky Mountain TEC
c/o STM Office of Youth Ministry
8035 S. Quebec Street
Centennial, CO 80112
www.RockyMountainTEC.net

Young Adult Registration for TEC

TEC is an experience in Christian living designed especially for young adults ages 16 (and a junior) to 24. TEC is a retreat away from our every day lives. It is a place where we can reflect on our hopes and dreams, our challenges and struggles. This retreat is a place where we can experience the alive and risen LORD Jesus.

The scheduled TEC weekends are:

TEC 130 October 21-23, 2011 Location: St. Thomas More	TEC 131 March 23-25, 2012 Location: St. Thomas More	TEC 132 July 20-22, 2012 Location: St. Thomas More	TEC 133 October 26-28, 2012 Location: St. Thomas More
--	--	---	--

If you would like to join other young adults in experiencing a TEC weekend:

1. Complete the registration form and mail it with a \$25 deposit to the address above. Checks and Money Orders should be made payable to *Rocky Mountain TEC*.

2. Plan to be at the retreat site from:

9am on Friday until 6pm on Sunday

3. Bring the following at 9 am on the Friday of your retreat:

- \$60 (the remainder of the retreat fee for the weekend. Total cost of the weekend= \$85).
- Two sets of casual comfortable clothing for Saturday and Sunday – including layers.
- Bring a nice outfit for Mass.
- Towels, wash cloths, and other personal toiletries.
- Pillow and sleeping bag (or sheets and a blanket). Air mattresses will be provided.

4. Leave the following at home:

- Books, homework, radios, iPods, and CD players.
- Cell phones are allowed in cases of emergency only.
- Use of alcohol, drugs, and under-aged smoking is not allowed.

Cancellation Policy. The cancellation deadline is 10 days prior to the weekend, and the TEC center must be notified directly via phone or e-mail to cancel your reservation. Prior to the cancellation date, the entire weekend fee is transferable to another weekend date, or the weekend fee is refundable, less the deposit.

When we receive your application, we will contact you to confirm your registration and to address any remaining questions or concerns you may have. If you have questions or need more information, please call Tim & Angie McCann at 303-678-1908 or e-mail any member of the Core Team at coreteam@rockymountaintec.net:

Fr. Dan Norick

Tim McCann

Sean Roe

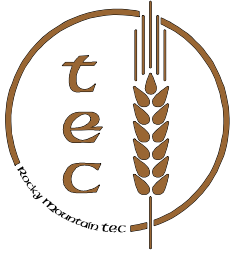
Ange Ibsen

Angie McCann

Bernadette Herrera

Ed Herrera

Please keep this page for your records.



Rocky Mountain TEC
c/o STM Office of Youth Ministry
8035 S. Quebec Street
Centennial, CO 80112
www.RockyMountainTEC.net

Young Adult Registration for a TEC Weekend

Please print clearly.

Full Name (incl. middle): _____ Today's Date: _____

Nickname / Preferred Name: _____ E-Mail Address: _____

Address: _____ Primary Phone: _____

City / State / Zip: _____ Alt. Phone: _____

Date of Birth: _____ Age on weekend: _____ Preferred TEC Date: _____

Are you: In High School _____ In College _____ Working/Graduated _____ Gender: Male _____ Female _____

School Name: _____ Level: Fr. _____ So. _____ Jr. _____ Sr. _____

Parent's Names: _____ Number of: Brothers _____ Sisters _____

Primary Address: Home _____ School _____ Work _____ Other _____

Married? No _____ Yes _____ If yes, spouse's name: _____

Insurance Co. & Policy #: _____

Emergency Contact: _____ Relationship: _____

Primary Phone: _____ Alt. Phone: _____

Do you have medical concerns, dietary needs, allergies, or special needs? _____

List Interests / Hobbies / Musical Instruments you have or play _____

Do you have any friends or family members who have attended a previous TEC weekend? No _____ Yes _____

If yes, who: _____

Who else do you know who may be attending this TEC weekend? _____

Current Church: _____
Name Denomination City

Parish Involvements: _____

Sacraments Received: Baptism _____ Confirmation _____ Eucharist _____

Parent/Guardian signature for permission to attend (only required if under 18): _____

Complete this registration form and the attached release. Mail it with a \$25 deposit to the address above.
If applying less than 10 days before the retreat, please fax (toll free) a copy to 866-566-3377.
Checks and Money Orders should be made payable to *Rocky Mountain TEC*.



ACKNOWLEDGMENT AND RELEASE FOR MINORS

Please check one:

- I, the undersigned, hereby do acknowledge receipt of the following polices for Rocky Mountain Teens Encounter Christ (“TEC”).
- I, the undersigned, hereby do acknowledge that I have reviewed the following polices for Rocky Mountain Teens Encounter Christ (“TEC”) available online at www.rockymountaintec.net by selecting ‘Registration’ at the top of the screen and then selecting ‘TEC Safe Environment Policy Form’. *The form online is dated February 21, 2004.*
- Sexual Harassment/Sexual Misconduct/Offensive Behavior Policy
 - Anti-Violence Policy
 - Drug, Alcohol, and Tobacco Policy

I, the undersigned, hereby [do / do not] grant my permission for the below named minor to participate in TEC sponsored spiritual and/or social events.

Release of Liability for Minor’s Use of Tobacco and Non-Prescription Medication

I, the undersigned, [do / do not] release Rocky Mountain Teens Encounter Christ (TEC), a Colorado non-profit corporation, and its directors, core leadership team, advisory board members, coordinators, officers, and volunteers of all liability should the below named minor choose to smoke during any TEC-sponsored event.

I, the undersigned, [do / do not] release from all liability [and/or] authorize Rocky Mountain TEC and its directors, core leadership team, advisory board members, coordinators, officers, and volunteers to provide over-the-counter medication at the request of the below named minor during any TEC-sponsored event.

Medical Release and General Release

I, the undersigned, [do / do not] authorize Rocky Mountain Teens Encounter Christ (TEC), a Colorado non-profit corporation, to approve any and all emergency medical procedures for the below named minor child deemed necessary by attending medical professionals in the event that TEC is unable to contact the injured party’s designated emergency contacts and/or parents.

Following are details of any medical condition or prescription medication of which TEC should be aware for me:

Furthermore, I the undersigned [do / do not] release from all liability Rocky Mountain TEC, and its directors, core leadership team or advisory board members, coordinators, officers, or volunteers for any personal injury, property loss or other loss, or injury arising prior to, during, or following a TEC activity or incidental thereto, including but not limited to travel to and from the activity location and any activity related to the TEC activity but not directly sponsored by TEC.

Print Name of Minor: _____

Print Name of Parent/ Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date Signed: _____



Rocky Mountain TEC
c/o STM Office of Youth Ministry
8035 S. Quebec Street
Centennial, CO 80112
www.RockyMountainTEC.net

Part of the Rocky Mountain TEC weekend includes a large group picture of all members of the weekend and everyone present receives a copy. This large group picture and other pictures from throughout the weekend may be included in a newsletter created for members of the TEC community (including those participating in this weekend), may be made available on our web site, and may be used to promote and recruit for the TEC retreat program. Some of these pictures are occasionally requested by the national TEC Conference for similar promotional purposes.

Because of recent changes and interpretations in the law, we now must collect a release form in order to participate in the formal picture. No one at a TEC function is required to participate in something that they do not wish to be, and this is no exception. Rocky Mountain TEC has no current expectations that any pictures or interviews made during a TEC retreat or other TEC event will be used by TEC beyond the purposes listed above, but reserves the right to use these pictures for future purposes related to the TEC program.

PHOTOGRAPHIC AND INTERVIEW RELEASE

I hereby grant consent to use and release to Rocky Mountain TEC (Teens Encounter Christ) the use of my name and likeness, whether in still, motion pictures, audio and video tape; my photograph and/or reproductions of me including my voice (which includes commentary, remarks, and/or recordings); my features, with or without my name, for any promotional purposes involving Rocky Mountain TEC or the TEC Conference, for newsletters, news, or other media (which includes internet, print, radio, television) or for other purposes whatsoever,.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to waive their privacy right. These decisions must be made by parents/guardians; therefore, this release form must be signed by parents/guardians when the individual is a legal minor.

Printed Name

Date

Signature

Address

Phone

City *ST* *Zip*

Printed Name of Parent / Guardian (if a minor)

Parent/Guardian Signature

Address

Phone

City *ST* *Zip*
