

**PARENT/GUARDIAN SIGNATURE
(UNDER 18 ONLY)**

I grant permission for the administration of first aid to the applicant listed on this sheet by the people in charge of the TEC as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

AND

I understand and agree to the Code of Behavior and authorize permission for Video/Photographs/Emails. I understand that if I violate this Code of Behavior, I will be asked to leave the premises. I will be responsible for my removal from the premises and any costs involved.

Signature of parent/guardian:

Date: _____



RULES & REGULATIONS

Videos/Photographs/Emails

Video and photographs may be taken during this event. This authorization form constitutes permission for my participation in the video recording and/or still photographs, which may only be used for future promotional efforts of TEC and/or the Diocese of Green Bay websites. Including an email address and phone number on this form also gives TEC the permission to use them for future TEC communications.

Code of Behavior for Participants

We are glad to have you on this TEC retreat! During this retreat, we expect that you will display mature and responsible behavior, which for many years has been the trademark of TEC youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not permitted.
8. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

www.anchorofhopetec.org



**Anchor of Hope T.E.C.
Together Encountering
Christ**



Upcoming Dates:

Feb. 21-23, 2025



DESCRIPTION

What:

Together Encountering Christ is a weekend experience in Christian living designed for **youth, young adults**, and **adults**. Participants spend time listening, laughing, singing, reflecting, & discussing things about themselves, others & God. TEC is based on the death & resurrection of Jesus Christ.

When:

The weekend begins on Friday morning between 9:30 - 10:00 a.m. The TEC weekend ends on Sunday afternoon at 5:00 p.m. In order to best experience the weekend, all participants must plan on attending the entire weekend.

Who:

Participants must be at least a Junior in High School to make a TEC. Adults interested in working with youth and young adults and youth ministers from parishes or schools are also invited to participate.

Where:

St. Joseph School, 1224 12th Av, Green Bay WI

Cost:

Cost is **\$60.00** per person (this includes a t-shirt, room/ board and all materials). Scholarship money is available upon request.

How to register:

Send in form at least **10 days** prior to the weekend along with your \$10.00 **non-refundable** deposit to:

TEC
2725 Blue Spruce Dr.
Green Bay, WI. 54311

Please make the check out to: **TEC**

Participants will receive an acceptance letter with directions, what to bring and other information you might need approximately 10 days before the TEC.

Questions :

Bruce McEwing (920) 609-1248
tecgreenbay@gmail.com

PERSONAL INFORMATION

Date of TEC: _____

Name: _____

Male [] **Female** [] **Facebook?** **Y** **N**

Global Outreach student? **Y** **N**

Address (please use home, not school):

City _____ **State** _____

_____ **Zip** _____

Phone:(_____) _____

Email (please print clearly):

Birthday: _____ (must be 16 1/2 on TEC)

Parish: _____

School: _____

Year in school _____

_____ **I understand the TEC starts Friday morning.**

This box is for applicants 18 and over

I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health.

AND

I understand and agree to the Code of Behavior and authorize permission for video and photographs. I understand that if I violate this Code of Behavior, I will be asked to leave the premises. I will be responsible for my removal from the premises and any costs involved.

Signature of **applicant (18 & over)**

(under 18 on other side) Date: _____

Detach here and keep for your records

Name on policy: _____

Insurance

Company: _____

Policy

Number: _____

Authorized

Physician: _____

Physician

phone: _____

In case of emergency, please contact:

Name: _____

Phone: _____

TEC personnel will take reasonable care to see that the following information regarding the applicant will be held in confidence.

Does the applicant have any allergic reactions (medications, foods, plants, insects, etc.)?

Does the applicant have a medically prescribed diet?

Does the applicant have any physical limitations?

Should TEC personnel be aware of any special medical conditions of the applicant?
