



2010-2011 Twin Cities TEC

# Retreat Registration

Twin Cities TEC is a Catholic, three-day retreat open to all Christians age 16 and older. All retreats start at 9:30 a.m. on the first day and end at 4:45 p.m. on the third day. **Participants must be able to attend all 3 days of the retreat.** Participants must be at least 16 years old or a junior in high school by the time the retreat begins.

Please complete **both pages** of this registration form and mail it to the Twin Cities TEC Office, 1725 Kennard St. Ste 201, Maplewood MN 55109. **The retreat fee is \$150 and must be paid by the registration due date.** You can mail a check (made payable to Twin Cities TEC) along with a completed registration form, or pay via credit card by supplying the following information:

Circle card type: VISA MasterCard Discover Card Exp. Date: \_\_\_\_\_

Card # \_\_\_\_\_ Card billing zip code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Name (exactly as on card): \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

If you are unable to pay the entire fee or need to make special payment arrangements, please contact the TEC Office. **Cancellations or transfers after the registration due date will be subject to a nonrefundable \$25 fee.** Registration is on a first-come, first-served basis. A confirmation postcard will be sent to you once the spot is reserved. Approximately 5-10 days before the retreat starts, you will receive a letter giving you a packing list, driving directions, parking information, etc.

## Participant Information

Participant Name \_\_\_\_\_  Male  Female Gender

Address \_\_\_\_\_ Participant Home phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Participant Cell phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birthday (month/day/year) Age Parent/Guardian Cell phone # \_\_\_\_\_

Parish Name \_\_\_\_\_ City of parish \_\_\_\_\_ Religious Denomination \_\_\_\_\_

Name of high school or college \_\_\_\_\_ Year (e.g., junior) \_\_\_\_\_

Name of employer \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about TEC?

Why are you making a TEC retreat?

## Authorization for participation in Twin Cities TEC Retreat Program

I give permission for the participant named above to take part in the Twin Cities TEC Retreat Program. In consideration of the opportunity for them to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation. I hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of Saint Paul and Minneapolis; Twin Cities TEC, its agents, employees and officers; the chaperones, leaders, organizers and sponsors; and the person transporting the participant to and/or from these activities. The Archdiocese of Saint Paul and Minneapolis, Twin Cities TEC, nor any of the aforementioned people shall be held financially responsible for any claims, injury, illness or death incurred as a direct or indirect result of this activity. There is no insurance provided by Twin Cities TEC, the parish, or the Archdiocese of Saint Paul and Minneapolis.

I, the undersigned, have read this release and understand all its terms, and execute it voluntarily and with full knowledge of its significance.

Signature of Parent/ Guardian (if participant is under 18 years old) OR Participant (if participant is 18 or older)

Date

### Questions?

TEC Office: 651-281-0085

[retreats@twincitiestec.org](mailto:retreats@twincitiestec.org)

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

**Please check the box of the 3-day TEC Retreat you would like to attend AND note the registration due date!**

TEC 322 Aug. 27-29, 2010  
This is a **Hispanic TEC:**  
Those fluent in Spanish are welcome to attend.  
Registration due Aug. 18

TEC 323 Oct 22-24, 2010  
Registration due Oct. 13

TEC 324 Dec 28-30, 2010  
Registration due Dec. 15

TEC 325 Jan. 15-17, 2011  
This is a **Hispanic TEC:**  
Those fluent in Spanish are welcome to attend.  
Registration due Jan. 5

TEC 326 Feb 19-21, 2011  
Registration due Feb. 9

TEC 327 Mar 26-28, 2011  
Registration due Mar. 16

TEC Office use only:

Received: \_\_\_\_\_

Paid: \$ \_\_\_\_\_

GotIt! Sent \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

### Health Information and History

Responsible party must complete this section (participant if participant is 18 years old or older, parent/guardian if participant is under 18).

\_\_\_\_\_  
In case of emergency, please contact                      Relationship                      Daytime Phone # (during retreat)                      Evening Phone # (during retreat)

\_\_\_\_\_  
Participant's Clinic Name                      Clinic Phone number                      Doctor's name

N/A \_\_\_\_\_  
List food allergies and any special dietary needs.

N/A \_\_\_\_\_  
List medication allergies.

N/A \_\_\_\_\_  
List any activity restrictions you have and indicate if you are using a mobility aid (cane, crutches, wheelchair etc.)

Check any of the following that apply:     Asthma             Convulsions             Diabetes             Fainting spells             Heart trouble

Do you have a condition requiring regular medication?     Yes     No \_\_\_\_\_  
If yes, what is your condition?

\_\_\_\_\_  
Name of medication                      Dosage                      How often is it taken?

\_\_\_\_\_  
Name of medication                      Dosage                      How often is it taken?

This health history is correct to the best of my knowledge. The participant named above has permission to engage in all prescribed activities except as noted. In the event I cannot be reached during an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or order injection or surgery for the participant named above.

\_\_\_\_\_  
Signature of Parent/ Guardian (if participant is under 18 years old) OR Participant (if participant is 18 or older)                      Date

**Can TEC dispense over-the-counter medications (i.e., Tylenol, Ibuprofen) for minor symptoms?**     Yes     No

### Photograph/Video Release Agreement

Can Twin Cities TEC use any photos/video clips taken of the participant during the weekend for use in Twin Cities TEC promotional materials (including printed materials, DVD, or website)?     Yes     No

### Roster Release Agreement

Can Twin Cities TEC distribute the contact information of the participant to the other participants on the same retreat weekend?     Yes     No

### Background Check / VIRTUS Training for those 18 years old or older

It is archdiocesan and Twin Cities TEC policy that any Twin Cities TEC retreat participant age 18 or older must have a background check and VIRTUS training information on file at the Twin Cities TEC office before the start date of the retreat.

**Background checks** take 5 days to process. There is a set of permission forms that you need to complete and return to the TEC Office. These forms will be mailed or emailed to you after we receive your retreat registration.

**Virtus Training** is free and only needs to be attended once, but must be done before you can participate in a Twin Cities TEC retreat. Arrangements to attend a VIRTUS training session can be made at [www.virtus.org](http://www.virtus.org) or by contacting the TEC Office at 651-281-0085 or [retreats@twincitiestec.org](mailto:retreats@twincitiestec.org).

Please note below if you have already attended a VIRTUS Training session:

VIRTUS training completed?     Yes     No    Completion date: \_\_\_\_\_    Location: \_\_\_\_\_

All information regarding background checks / VIRTUS training completion will be kept confidential. If you are 18 now or will turn 18 before the end of the TEC retreat you have chosen to attend, please check the box below. Thank you for your cooperation.

I am/will be 18 or older during the TEC retreat I have chosen to attend.     I need a background check.     I need to attend VIRTUS Training.  
Please let me know what needs to be done.