

Teens Encounter Christ

Candidate Application and Information

November 18th to 20th, 2011

Mission Statement:

Introducing youth into a relationship with Christ
and encouraging participation in a Christian Community.

- WHAT?** Teens Encounter Christ (TEC) is a 3-day experience of learning about God and yourself, making new friends, and growing in your faith.
- WHO?** Open to all students 9th - 12th grades, from any church or no church
There are 36 spaces available on each weekend. . Led by clergy and lay adults, and teens who have already gone through TEC.
- WHEN?** The Program begins on Friday afternoon, Nov. 18th at 4:00 p.m., with registration beginning at 3:00 p.m., and ends on Sunday afternoon, November 20th, ~4:30 pm.
Once there, Participants must stay the entire weekend.
- WHERE?** St. John the Evangelist Episcopal Church, 60 N. Kent. St., St. Paul
- COST?** \$40 covers all meals and activities. Make check payable to St. Paul TEC.
You may request a full or partial scholarship, if needed.
- TO APPLY** Fill out the application form completely, including Community agreement, parental affirmation and release forms. Send completed forms (four pages - retain this page for reference), with check for \$40 made out to St. Paul TEC to:

Saint Paul TEC, c/o Charlene Peterson
4425 Holm Oak Lane
Oakdale, MN 55128

REGISTRATION DEADLINE - NOVEMBER 8th, 2011

REGISTRATION CONFIRMATION will be sent to you, along with details you will need to know, prior to the weekend.

QUESTIONS? Contact Charlene Peterson peter069@umn.edu ;651-779-6707 or Mindy Boyton mindy@ae-church.org ; 651-439-2609, Ext. 13 or 651-433-4926.

CANDIDATE APPLICATION
Teens Encounter Christ #175, Fall, 2011
Friday, Nov. 18th, 4:00 p.m. to Sunday, Nov. 20th, ~4:30 pm

Please Print

Name (preferred for name tag) _____ Gender _____

Date of Birth _____ Graduation Year from High School _____

Street Address _____ City _____ Zip _____

Family Phone _____ Youth Cell Phone (optional) _____

Note: Youth E-Mail Addresses and Youth Cell Phone Numbers will be included on an Address List handed out to participants at the end of the weekend, so only provide if that's ok (most do).

Youth E-Mail Address (optional) (print clearly!) _____

Name of High School _____

Name of Church & Denomination _____

Signature of Priest or Youth Minister _____

(Not required, but if attend church regularly, the church likes to know they will be at TEC)

Primary contact parent/guardian _____ Live with child? _____

Secondary contact parent/guardian _____ Live with child? _____

Cell Phone #(s) (Mom's) _____ (Dad's) _____

Preferred E-mail address for parent(s): _____

Please return application with check by **November 8th, 2011** to:

St. Paul TEC c/o Charlene Peterson
4425 Holm Oak Lane, Oakdale, MN 55128

Cost is \$40.00 for entire weekend (checks can be made out to St. Paul TEC)

Financial scholarships may be available by request or for other questions, please contact Charlene Peterson (651-779-6707, peter069@umn.edu), or Mindy Boynton (651-439-2609, Ext. 13, 651-433-4926, mindy@ae-church.org).

**TEC WEEKEND REGULATIONS
COMMUNITY AGREEMENT FOR ALL APPLICANTS**

As a participant in Teens Encounter Christ Weekend, I agree:

- Not to bring or use tobacco, alcohol, or any illegal, non-prescription drugs. I understand if I arrive under the influence of drugs or alcohol my parent or guardian will be contacted and I will be sent home.
- To respect the needs and property of others, and not to participate in any inappropriate sexual or violent behavior.
- To be present for the entire event and participate in all scheduled activities.
- To have fun and listen to how Christ has been encountered in the lives of others.

Participant's Signature _____ Date _____

Printed Name _____

MEDICAL INFORMATION

Do you have health insurance? YES NO (please circle one)

Insurance Company: _____

Policy Number: _____ Name of Policy Holder _____

Current on tetanus shot? _____ Date of last shot, if known _____

Please list any allergies, medical problems, current medications, etc., you think would be important for us to know about: _____

Any Physical Restrictions? _____

Any special dietary needs? Vegetarian? _____

Parent/Guardian Signature _____
Date

PARENTAL AFFIRMATION

To be signed by all, regardless of age of Participant

I do hereby affirm to **St. John the Evangelist Episcopal Church** that I have the legal authority to provide my consent and authorization for matters relating to the participation of _____ (Participant's Name) in **St. Paul TEC at St. John the Evangelist on Nov. 18th to 20th, 2011.**

Parent/Guardian Signature

Date

WAIVER AND RELEASE

To be signed by all, regardless of age of Participant

As the parent/guardian of _____ (name of Participant), I do hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless members of **St. John the Evangelist Episcopal Church**, its officers, directors, employees, representatives, agents and affiliates, and the staff of **St. Paul TEC** from any and all claims, demands and actions of any and every kind, directly or indirectly arising out of or relating in any respect to the participation of the Participant in the **St. Paul TEC at St. John the Evangelist on Nov. 18th to 20th, 2011.** My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant which may be caused by any act, or failure to act by the staff of **St. Paul TEC** or sustained before, during or after **St. Paul TEC** unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the church or the staff of the **St. Paul TEC.**

I understand that, without limitation of the foregoing, neither the Church of **St. John the Evangelist Episcopal Church** or the **St. Paul TEC** shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant's personal property or the interruption of the **St. Paul TEC** for whatever reason. Neither the Church of **St. John the Evangelist Episcopal Church** nor **St. Paul TEC** shall be responsible for any lost or stolen property of the Participant or any persons attending day activities thereof.

Parent/Guardian Signature

Date

FIELD TRIP PERMISSION

To be signed by all, regardless of age of Participant

On Saturday, November 19th, the St. Paul TEC community will be taken to a local YWCA for a couple of hours of swimming, under the supervision of YWCA lifeguards. Weather permitting, the group will walk the few blocks to the pool, otherwise, they will be transported there by adult drivers.

I give permission for my child _____(Participant) to leave the site of the St. Paul TEC (St. John the Evangelist Church) in order to participate in this swimming excursion.

Parent/Guardian Signature

Date

MEDIA RELEASE FORM

Necessary only for participants under the age of 18

I agree to grant to St. Paul TEC and the Episcopal Diocese of Minnesota, permission to record on film, video tape, or audio tape, the participation of Minor Child _____in **St. Paul TEC on Nov. 18th to 20th, 2011**. The undersigned parent/guardian further agrees that any or all of the material recorded may be used, in any form, as part of any future productions made by or for St. Paul TEC or the Diocese, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation to or for the benefit of Minor Child, parent, or any other person or entity.

Parent/Guardian Signature

Date