

**APPLICATION FORM - FULL CIRCLE TEC
DIOCESE OF KALAMAZOO**

This application is for _____ July 7 - 9, 2007 at Lake Michigan Catholic
Elementary School, St. Joseph

Further information will be sent upon acceptance of your application.

Name: _____ Phone: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Parish: _____	Pastor: _____
School: _____	Grade: _____
Birthday: _____	Age: _____ Patron/Favorite Saint: _____
E-mail: _____	
Name of Reference (see accompanying sheet): _____ Phone: _____	

Describe your Parish/school/youth group involvement:

List your past retreat experiences:

How did you hear about TEC?

Why do you want to make a TEC?

My attitude toward religion is: (circle one): Antagonistic/Indifferent/Confused/Searching/Positive

Cost of the weekend is \$50.00. (Make checks payable to the Diocese of Kalamazoo)
Please return this form with \$20 deposit by June 22, 2007 to:
Lisa Irwin, Office of Evangelization, Catechesis and Initiation
215 N. Westnedge Ave., Kalamazoo, MI 49007
Contact Lisa Irwin for info: (616) 349-8714 ext. 228.

For Office Use Only: A: _____ D: _____ R.F. _____ A.L. _____ M.F. _____ PL _____
PC _____

DIOCESE OF KALAMAZOO FULL CIRCLE TEC REFERENCE FORM

Instructions for TEC applicant: Please give this reference form to an adult who knows you well and is not your parent.

Instructions for person completing the reference form: Please return this form to:

Lisa Irwin, Associate Director
Office of Evangelization, Catechesis and Initiation
215 N. Westnedge Ave.
Kalamazoo, MI 49007

This form is designed to assist the TEC directors in the formation of small groups and enable them to better serve the participants.

Dear Friend,

The person who gave you this reference form is applying to participate in a TEC (To Encounter Christ) weekend. TEC is a Catholic weekend experience in Christian living for older high school youth and young adults. It is an experience that touches young people deeply and can have a very positive influence on their lives and values. All information will be kept confidential. Please return this form as soon as possible so that we may process your insights.

Also, we invite you to pray for this young person so that TEC will be a positive influence on his or her life.

Your friends in Christ,
The Directors of Full Circle TEC

Please respond to each of the following. The items in parentheses are intended only as "thought starters" and not meant to limit your response in any way.

NAME OF TEC APPLICANT: _____

1. Describe this person's leadership qualities. (e.g. Leader or follower? Dominating or encouraging? Active participant or needing encouragement?)

2. Describe how this person behaves socially with his/her peers? (e.g. Friendly or reserved? Outgoing or quiet? Comfortable or anxious? Talkative or guarded?)

3. Describe how this person is received by his/her peers. (e.g. Accepted or rejected? Understood or misunderstood? Appreciated or tolerated? Welcomed or ignored?)

4. To the best of your knowledge, has this person faced any serious emotional crises recently? (Such as the death of a loved one, drug or alcohol abuse, abusive relationships, need for mental health care.) If yes, please describe:

5. Based on your observations, how would you describe this person's approach to his/her faith? (e.g. Devout, open, active involvement, passive participant, searching, struggling, indifferent, hostile)

6. To the best of your knowledge how comfortable is this person in expressing or talking about his or her faith? (e.g. Talks easily and openly, guarded, unable to find the right words)

Please use the back of the page for additional comments.

Your name: _____

Phone: _____

Full Circle TEC Youth Participant under age 18

GENERAL AND MEDICAL RELEASE FORM FOR DIOCESE OF KALAMAZOO TEC RETREATS

General Permission:

I hereby consent to participation by my child, _____, in the TEC retreat on _____ at _____ Parish in _____. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated diocesan employees/volunteers on the stated dates. I further consent to the conditions stated in the acceptance letter on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this TEC retreat, I hereby agree on behalf of myself and my child, to release _____ Parish, the Roman Catholic Diocese of Kalamazoo, the TEC retreat staff, and any and all affiliated organizations, their employees, agents, and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this TEC retreat. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this TEC retreat. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Print Parent/Guardian's Name Parent's/Guardian's Signature Date: _____

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: Full Circle TEC Retreat

Address of Minor: _____ City: _____

Home Phone: _____ Emergency Person/Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments: _____

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Signature of Parent/Guardian: _____ Date: _____

Please return this entire form at least one week prior to the TEC weekend to Lisa Irwin, Office of Evangelization, Catechesis and Initiation, 215 N. Westnedge Ave., Kalamazoo, MI 49007.

Full Circle TEC Adult Participant age 18 or older

Revised 9/04

GENERAL AND MEDICAL RELEASE FORM FOR DIOCESE OF KALAMAZOO TEC RETREATS

Reason for which this release is intended: Full Circle TEC Retreat

Statement of Consent and Medical Release

In consideration of my being allowed to participate in this TEC retreat, I hereby agree to release _____ Parish, the Roman Catholic Diocese of Kalamazoo, the TEC retreat staff, and any and all affiliated organizations, their employees, agents, representatives and volunteers, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this TEC retreat. In the event this release on behalf of myself is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this TEC retreat. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I do hereby authorize treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. I understand that reasonable attempts will be made as soon as possible to contact one of my emergency contact persons at the phone numbers listed in connection with any accident or emergency medical care. I understand that I retain all responsibility for costs associated with my medical care.

Name: _____ Date of Birth: _____
Home Address: _____ City: _____
Home Phone: _____
List allergies, medication, contacts, or other pertinent comments: _____

Family Physician: _____ Physician Phone: _____
Physician Address: _____ City: _____

Emergency Contact Name and Telephone Number:

Name: _____ Daytime Phone: _____
Evening Phone: _____ Cell Phone: _____

If the person listed above is unavailable, alternate emergency contact person and phone number:

Name: _____ Daytime Phone: _____
Evening Phone: _____ Cell Phone: _____

Health Insurance Data:

Company: _____ Policy #: _____
Group #: _____ Contract #: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

I fully understand and agree to the above terms and sign this form knowingly, willingly and freely.

Signature of Participant

Date

Please return this entire form at least one week prior to the TEC weekend to Lisa Irwin, Office of Evangelization, Catechesis and Initiation, 215 N. Westnedge Ave., Kalamazoo, MI 49007.