



# Fun in the Sun Teens Encounter Christ

TECITE APPLICATION NAME \_\_\_\_\_

TEC Weekend # \_\_\_\_\_ Date of TEC Weekend \_\_\_\_\_

### Contact Information:

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Denomination \_\_\_\_\_ Parish \_\_\_\_\_

Are you baptized? \_\_\_\_\_ Parent / or legal guardian name \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

T-Shirt size (circle one) Small, Medium, Large, X-Large, XX-Large, XXX-Large

### Please answer the following questions:

1. I wish to attend a TEC weekend because  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you know anyone else who will be on the weekend? If yes, Who? \_\_\_\_\_  
\_\_\_\_\_

The total cost of the weekend is \$115.00\*\*\*. Please send this application along with at least a \$50.00\*\*\* deposit to:

FITS Teens Encounter Christ c/o Sandra Caslow, 248 SW Fabian Way, Lake City, FL 32024

Email to: [applications@fitstec.org](mailto:applications@fitstec.org)

Applications questions? Email Sandra at [applications@fitstec.org](mailto:applications@fitstec.org)

As Holy Communion and the Affirmation of Baptism will be celebrated on the weekend, please have your pastor and parent/legal guardian sign below.

Signature of Pastor \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**APPLICATION CANNOT BE ACCEPTED WITHOUT PASTOR'S SIGNATURE, PARENT/LEGAL GUARDIAN'S SIGNATURE AND APPLICANT'S SIGNATURE.**

***WHAT IS TEC?***

TEENS ENCOUNTER CHRIST (TEC) is a three-day weekend experience for young adults age 13 and up (or age 12 with a pastor's signature and a consultative with the lead pastor serving as the spiritual director of the TEC retreat weekend). The weekend is teen-led and adult-supported by lay persons and Lutheran clergy.

The broad objective is to enable youth, at a time when they are making life decisions, to encounter the presence of Christ in their lives and affirm their intent to live into their baptismal covenant.

The TEC weekend is an experience in Christian community. Each person attending this weekend is drawn into the community through prayer, sharing, and formal and informal worship (including Holy Communion and Affirmation of Baptism). Each individual is guided, at their own level and pace, in a non-threatening environment in which they are respected as a complete and individual person.

Each of the three days on the TEC weekend will have it's own focus. The first day is Die Day, which focuses on Christ dying for our sins. The second day, Rise Day, focuses on Christ rising from the dead and, thus, giving us new life. The last day, Go Day, enables us to make use of what we've learned when we go back into the community.

**TEC OBJECTIVES**

That the participants may:

1. Encounter the person of Christ through the community.
2. Joyfully experience an accepting community of Christians who point others to Christ.
3. Affirm the call to live life under Christ.
4. Experience in the church's worship life a meaningful and joyful expression of their own worship life.
5. Renew their commitment to Christian service in their home congregation.

TEC is open to persons of all Christian denominations.

Please feel free to ask your sponsor any questions you may have.

***Medical Authorization:***

As parent/legal guardian of \_\_\_\_\_, a minor, I do hereby authorize and give permission to the medical volunteer or an adult chaperone with FITS TEC to seek and obtain any medical services that in their judgment my child may need while participating in any and all FITS TEC activities. It is my understanding that I will be contacted as soon as possible, but not necessarily prior to treatment that might be emergent. I further understand and agree that I will be responsible for any such incurred medical costs.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Medical Matters:**

(Wherever "you" is found in a question it refers to the teen applicant)

Personal Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

I hereby state that, to the best of my knowledge, the following answers are correct.

Youth Signature \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please explain any "yes"\*\*\* answers:

1. Have you ever been hospitalized? Yes No
2. Are you presently taking any medications or pills (including vitamins, inhalers, OTC meds)? Yes No
3. Do you have any allergies (medications, foods, bees, stinging insects)? Yes No
4. Have you ever passed out during exercise? Yes No
5. Do you have any skin problems (itching, rashes)? Yes No
6. Have you ever had a head injury? Yes No
7. Have you ever been knocked out or unconscious? Yes No
8. Have you ever had a seizure? Yes No
9. Have you ever had heat or muscle cramps? Yes No
10. Have you had problems with your eyes or vision? Yes No
11. Have you ever sprained, dislocated, fractured, broken or had repeated swelling of any bones or joints?  
Yes No
12. Have you had a medical problem since your last evaluation? Yes No
13. When was your last tetanus shot? \_\_\_\_\_
14. Have you ever had chicken pox? Yes No If no, have you received the vaccine? Yes No
15. When was your last physical exam? \_\_\_\_\_
16. Do you have any chronic medical conditions (i.e.: asthma, diabetes, depression, anxiety)?
17. Do you have any dietary restrictions?
18. How would you describe your present state of health?
19. Is there any specific information you would like us to know?

*Thank you for this information. It will remain confidential with our medical volunteer and will be destroyed after your FITS TEC weekend retreat.*

If I have a medical emergency during the retreat, please contact the following family member:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

In case the above person is not available, please contact the following:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

My initials below indicate my youth may receive the following non-emergent medical treatment from any adult affiliated with FITS TEC, as deemed appropriate:

- \_\_\_\_\_ Acetaminophen (e.g. Tylenol)
- \_\_\_\_\_ Ibuprofen (e.g. Motrin)
- \_\_\_\_\_ Naproxen Sodium (e.g. Aleve)
- \_\_\_\_\_ Antihistamines (e.g. Benadryl)
- \_\_\_\_\_ Decongestant (e.g. Sudafed)
- \_\_\_\_\_ Sore throat spray (e.g. Chloraseptic)
- \_\_\_\_\_ Cough lozenges (e.g. Halls Cough Drops)
- \_\_\_\_\_ Cough medicine (non-narcotic, e.g. Delsym)
- \_\_\_\_\_ Antacids (e.g. Maalox)
- \_\_\_\_\_ Anti-diarrheal medication (e.g. Imodium)
- \_\_\_\_\_ Basic First Aid (e.g. disinfecting cream, topical ointment, sunburn lotion, etc.)

\*\*\*We wish for all who desire to attend a FITS TEC retreat weekend to do so and we recognize that at times medical concerns or financial concerns may seem prohibitive. Please contact Stephen Minister Tim Davis to explore ways that CONFIDENTIAL medical supports or financial supports might be in place to make your retreat experience a safe, secure opportunity for you to be open to God's invitation to grow. Reach Tim via his cell phone at 904-738-2935 or via email at [tim@fitstec.org](mailto:tim@fitstec.org)