

# TEENS ENCOUNTER CHRIST (TEC)

## RURAL NEBRASKA CHAPTER

### CANDIDATE REGISTRATION

Rural TEC Weekend: \_\_\_\_\_ April 11-13, 2026 (Glad Tidings Bible Camp, Bloomfield, NE)

\_\_\_\_\_ July 17-19, 2026 (Tintern Retreat Center in Oakdale, NE)

Teen Name (first and last) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Teen email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Parent email address \_\_\_\_\_

Number of children in the family \_\_\_\_\_ Ages \_\_\_\_\_

High School \_\_\_\_\_ City of High School \_\_\_\_\_

Graduation Year \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Parish \_\_\_\_\_ City of Parish \_\_\_\_\_

Patron Saint (baptismal or confirmation name): \_\_\_\_\_

From whom did you receive this application? \_\_\_\_\_

How did you learn about TEC? \_\_\_\_\_

Interests: list school activities, sports, clubs, organizations, hobbies, church & community involvement, etc.

Do you have musical gifts? (Please specify) \_\_\_\_\_

Why do you want to attend a TEC retreat? \_\_\_\_\_

**Please complete the entire registration packet and return it  
with your \$75.00 retreat fee to:**

Ruth Bloedorn  
372 River Road  
Wisner, NE 68791

Office Use:
Fee: _____
Recommendation _____
Medical _____
Liability _____
Code of Conduct _____
Emailed to Beth _____

# MEDICAL INFORMATION

# RURAL TEC

Participant's Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Health Insurance \_\_\_\_\_

Phone \_\_\_\_\_

Policy # \_\_\_\_\_

In the event the above participant becomes ill or needs emergency medical treatment, please notify:

## **Parent/Guardian**

Name(s) \_\_\_\_\_

## **Other or Secondary Emergency Contact**

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Relationship \_\_\_\_\_

Mom Cell \_\_\_\_\_

Home phone \_\_\_\_\_

Dad Cell \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

**Medications:** The above participant will bring all necessary medications which will be well-labeled. Please list all medications, their purpose, dosage, and frequency of dosage. Please use back of form, if necessary.

## **Other Medical Information:**

Tetanus/Diphtheria Shot (date or year) \_\_\_\_\_

Dietary Restrictions and/or Food Allergies \_\_\_\_\_

Other Allergies (medications, plants, insects, etc.) \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Other Special Conditions (homesickness, sleepwalking, fainting, etc.) \_\_\_\_\_

Recently exposed to contagious disease such as mumps, measles, chickenpox, etc.? If so, date and disease/condition: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

**Authorization:** I hereby grant permission for non-prescription medications (such as ibuprofen, acetaminophen, throat lozenges, cough syrup, etc.) to be given to my child, if deemed necessary. Yes \_\_\_\_\_ NO \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



The Archdiocese of Omaha and its affiliates will take reasonable care to see that the information on this Medical Form will be held in confidence.

**TEC RURAL NEBRASKA CHAPTER  
PARENT/GUARDIAN CONSENT FORM AND  
LIABILITY WAIVER**



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

**I grant permission for my youth to participate** in this Archdiocesan youth ministry event that is located away from the parish/school site. This activity will take place under the guidance and direction of Archdiocesan parish/campus youth ministers and/or volunteers from parishes/schools. A brief description of the event follows:

**Name of Event:** Teen Encounter Christ

**Purpose of Event:** Retreat

**Location:** Glad Tidings in April or Tintern Retreat Center in July

**Date & Time of Event:** Saturday 10:00 am –Monday 5:00 pm in April or Friday, 10:00am – Sunday, 5:00 pm in July

**Transportation:** Individual Responsibility

**As parent or guardian,** I remain legally responsible for any personal actions taken by the above named minor (“Participant”). I agree on behalf of myself and my child, to hold harmless and indemnify the parish/school, Tintern Retreat Center, the Archdiocese of Omaha, and any of their agents, representatives, chaperones or volunteers, for any claims arising from or in connection with any injury or illness the registered participant sustains in connection with this event.

**Photo Release:** Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity, unless I email the Archdiocesan Coordinator of Youth Evangelization and Discipleship ([jjgencarelli@archomaha.org](mailto:jjgencarelli@archomaha.org)) and indicate that I do not consent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# TEC RURAL NEBRASKA CHAPTER

## YOUTH CODE OF CONDUCT



ARCHDIOCESE of OMAHA

We are pleased and excited that you are joining us as part of the Teens Encounter Christ (TEC) weekend. This Code of Conduct has been developed as a way to help participants understand what is expected of them during the event and contributing toward making the learning experience healthy, holy, and enjoyable for everyone. Please read through the Code carefully, as you will be expected to honor and uphold it throughout the retreat.

- **Damage:** The participants and/or families of participants assume responsibility for any damage done to the retreat facilities.
- **No Guests:** While participating on the TEC weekend, participants will not invite friends who are not part of the program to come and visit you.
- **Participation:** Participants are expected to attend all sessions and community activities. Name badges must be worn at all times.
- **Dress:** Dress throughout the pilgrimage is casual but appropriate for a Christian environment; shirts and shoes are required at all times. T-shirts/sweatshirts with alcohol, tobacco, or sexual overtones are not acceptable, nor is immodest clothing exposing any part of under garments, bellybuttons, etc. Sleepwear is permitted only in the sleep areas.
- **Socializing & Sleeping Quarters:** Socializing will only take place in the designated public areas of the housing facility. Participants must be in their respective rooms by curfew time. The noise level in the rooms should be kept to a minimum and all conversations end with lights out. Scheduled quiet times must be honored. No visiting is allowed in sleeping areas occupied by the opposite sex.
- **Acceptable Behavior:** Christian behavior is expected at all times. Respect for individuals, the community, and the various facilities is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, etc. are considered inappropriate for this Christian environment.
- **Tobacco and Drugs:** The Archdiocese of Omaha and TEC adhere to the State Statutes in regards to tobacco products, therefore tobacco products are not allowed by anyone under the age of 18. The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program.
- **Major infractions** of the Code of Behavior and other inappropriate behavior will meet with the same consequences.

**Youth Participant:** I understand and agree to the Code Conduct, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program, and that I will be sent home at my own or their expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian:** I agree that my youth shall abide by the rules and regulations outlined in this Code of Conduct, I have reviewed it and discussed the Code with my youth prior to signing this form. I agree that if my youth fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed and sent home at my expense.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# RURAL TEC CANDIDATE RECOMMENDATION

This recommendation should be completed by someone, other than your parent, who knows you (such as a teacher, pastor, or family friend). Thank you!

Name of Candidate \_\_\_\_\_

Recommending Adult's Name \_\_\_\_\_

Relationship to Candidate\_\_\_\_\_

**RECOMMENDATION:** (This should include leadership abilities or personality traits that might be important. Also please indicate if the candidate has suffered any trauma in recent months, i.e. a death in the family, etc. It is also important to indicate if there are any special faith problems.)

Please return this form one of two ways:



- Print form and mail to:  
Ruth Bloedorn  
372 River Road  
Wisner, NE 68791
- Save form and email to Ruth Bloedron at [ruralnetec@yahoo.com](mailto:ruralnetec@yahoo.com)