



Teens Encounter Christ

Learning about Jesus and the love He has for us

#80 February 23-25, 2018

Registration Deadline: February 19

Teens Encounter Christ is an excellent opportunity for youth in grades 10th - 12th to further develop their relationship with Christ. This retreat is based on the Paschal Mystery of Christ which is a reflection of His life, death and resurrection. The retreat utilizes small group discussions, adult and youth presentations, and prayer and community building exercises. The sacraments of Reconciliation and Eucharist are celebrated. The retreat material is not designed for youth 9th grade or younger. The retreat takes place at the Lumen Christi Retreat Center, Fr. Souby Building, 100 Lumen Christi Lane, Highway 311, and Schriever, LA.

T.E.C. Begins at 5:00pm on Friday and ends at 4:00pm on Sunday.

Please bring casual clothes, sheets, towels, blanket, toiletries. . .etc.

NOTE: All participants must bring a plain white pillow case to be painted on.

Early Registration: \$80.00 per person; LATE Registration: \$95.00 per person.

Mail check payable to the: Diocese of Houma-Thibodaux,

P. O. Box 505, Schriever, LA 70395

**** NOTE: NO REGISTRATION FORMS OR PAYMENTS WILL BE ACCEPTED AFTER THE LATE REGISTRATION**

DEADLINE DATE.

Teens Encounter Christ Parent Request to Participate and Medical Release Form

Please select one of the following: #79 #80 #81

Youth Name: _____ Sex M F T-Shirt Size: S M L XL

Date of Birth: ____/____/____ Home Phone #: _____ Cell # _____

Address: _____ City: _____ Zip: _____

Church Parish: _____ School: _____

E-Mail Address: _____ Facebook /Twitter Address: _____

Parent Name: _____ Daytime #: _____ Other #: _____

I hereby request my child to attend this activity and give permission to be administered medical help by a licensed physician in case of an emergency.

Emergency Contact (if other than parent): _____ Relationship: _____ Phone: _____

I do have medical insurance for my son/daughter. I do not have medical insurance for my son/daughter.

If you have medical insurance please indicate the following:

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Phone Number: _____

Please list any medical conditions, drug allergies, medication or any dietary restrictions that we should be aware of.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Family and Youth Ministry or the Diocese of Houma-Thibodaux. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child to be photographed or filmed should so notify the Office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

Parent or Guardian Signature

Date