

DECO-TEC
A WEEKEND RETREAT
FOR TEENAGERS
Ages 14 Through 19

Name _____ Phone (____) _____

Address _____ City _____ Zip _____

Home Church _____ School _____

Grade _____ Age _____ Birthday ____/____/____ Sex F ____ M ____

Email address _____

Your Parents Name(s) _____

Name and Phone Number of person who referred you to DECO-TEC _____

MEDICAL RELEASE INFORMATION (Please Print)

Emergency Person: _____ **Emergency Phone#:** _____

List any Allergies: _____ **List any Health Problems:** _____

Any Regular Scheduled Medications: Y N **If so, what are they?** _____

How much? _____ **How often?** _____ **Can we administer Tylenol, over the counter**

meds, or regular scheduled Medications to your child? Y N **Name of Insurance:** _____

Policy #: _____ **Phone #:** _____

Is there any other information we should know? _____

*****IMPORTANT*****

I hereby consent that my son/daughter be able to participate in a DECO-TEC weekend. I indemnify, defend, and hold harmless DECO-TEC and all youth leaders from all claims made & liabilities assessed against them as a result of ALL the activities. Furthermore, in case of emergency, I understand that every effort will be made to contact parents or guardians of minor child. However, if parent or guardian can't be reached, I hereby give DECO-TEC leaders permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the child's health and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release DECO-TEC, DECO-TEC leaders, and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting for the child's activities.

PARENT'S SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____

TEEN: PLEASE ANSWER THE FOLLOWING QUESTIONS:

Why have you decided to make a DECO-TEC retreat weekend?

What do you think are the problems facing today's youth?

At the present time, are you experiencing any problems that you can share with us? Please be HONEST!

Registration Fee: \$10.00 – Send with registration form.

Donation for Weekend: \$25.00 – This is payable on Friday night when you register for the weekend. Make checks payable to **Northern Michigan Deco-Tec**. **If the \$25.00 donation is a problem, Please register anyway.** We would ask that you give what you are financially able.

GOALS OF DECO-TEC

To enable youth to experience the presence of Christ. His presence becomes a living reality as the participants grow into a Christian Community during the weekend.

In DECO-TEC you experience:

A fresh atmosphere away from home, church, and school; meeting young men and women from high schools throughout the area; reflecting and sharing with others on how you see yourself, your ideals, your hopes, and your problems; finding a God you can believe in, and encountering Christ alive today!!!

HOW IT HAPPENS

The team of a DECO-TEC weekend is composed of all elements; married and single people, ministers and youth ministers. All portray through their tasks and their presence the living reality of Christ in their lives.

The weekend revolves around people and the world we live in, offering small group experiences, liturgy, music and food in a relaxed atmosphere.

The growth experience of a DECO-TEC weekend affects and benefits all who participate, team members as well as candidates.

HOW TO REGISTER

Please complete the registration form on this page and send it to the registrar listed below:

Tom & Lois Stetler
4316 Crofton Road
South Boardman, MI 49680
Phone: (231) 564-1956 or 564-1963
E-mail: tomstetler@hotmail.com
(Put Deco Tec in the subject line)