

***Please Return at first team meeting. Thank You.

DECO-TEC TEAM APPLICATION

TO BE A MEMBER OF A DECO-TEC TEAM INVOLVES A COMMITMENT!

1. One must be willing to attend all team meetings prior to the weekend and all of the follow-up meetings after the weekend with the new Tecites.
2. One must be willing to support Deco-TEC through work in the kitchen, doing wheat, attending Hoots, etc. Those who remain active in the movement and its activities will most naturally be given preference in team selection.
3. One must be striving to live the Christian life in a way which exemplifies the concepts taught in Deco-TEC. Please discuss any questions or concerns with the Director, Deco-TEC Board or Deco-TEC Spiritual Director.
4. The use of illegal drugs or alcohol is no part of the Christian ideal to which Deco-TEC prescribes. Use of illegal drugs or alcohol during Deco-TEC activities is strictly prohibited. Glamorizing the use of illegal drugs or alcohol at any time is discouraged.
5. It is per Deco-TEC Board requirements that all adult team members and/or participants must have a background check completed prior to participating in Deco-TEC activities. If there are any concerns regarding this requirement please discuss with the Deco-TEC Board.

Name: _____ Age: _____ DOB: _____

Other Names: _____ Birth Place: _____

School: _____ Church: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ DeColores or TEC Wkend # ____ Status: S M W

I have participated in (#) _____ weekends and have served in the following position(s): _____

I believe that I would have a lot to offer the candidates on a future Deco-TEC weekend because:

I would like to serve on a Wheat Team: YES NO

I would consider giving a Talk: YES NO

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I would be willing to serve as a Musician: YES NO

My spouse and I would be available for the Marriage Talk: YES NO

Medical Release Information (Please Print)

Emergency Person: _____

Emergency Phone: _____

List any Allergies: _____

List any Health Problems: _____

Any Regular Scheduled Medications: YES NO

If so, What are they: _____

How Much and How Often: _____

Can we administer Tylenol, over the counter meds or regularly scheduled medications to your child? YES
NO

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 of guardians of minor child. However, if parent of 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 from the child's activities.

Parent's signature: _____

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Printed Name: _____ Date: _____