

Godteen Program Registration Form

St. Peter's Parish

Student's Name: _____ Entering Grade (circle one): 9 10 11 12

School: _____ Parent's/Guardian's Names: _____

Address: _____ Zip: _____

Phone Number: _____ Birthdate: _____

E-mail address(es) (of parent and/or student, if available): _____

(Freshmen and first-time registrants only): Name one student you would like to be grouped with:

_____ **We will do our best to honor this request**

Returning sophomores, juniors, and seniors: Your Godparent couple will remain the same as previous years.

Please circle any of the activities below that you may be able to help with:

Social Activities Transportation (# you can transport: _____) Fundraising Service Projects

A \$35 Registration Fee (per student) is requested. This fee helps defray the costs of food for the opening and closing dinners, snacks at large group events, the curriculum costs, transportation for field trips, as well as appreciation measures or the volunteer Godparent couples. If you wish to make a larger, tax-deductible donation to the Program, please circle an amount below. Along with the \$35 registration fee, I wish to make a donation of: \$10 \$25 \$50 \$75 \$100 (or write in amount: \$_____) *Thank you for your generosity.*

Please make checks payable to St. Peter's Church and return with registration form to: St. Peter's Church
Attn: Godteen Program
4500 Duxhall Drive
Lincoln, NE 68516

Release and Consent: Your child may be participating in various field trips or service projects outside of their Godparent couple's home, should their group decide to do so. Please read and sign the below consent form giving your child permission to participate in such events. You will be notified of all such events in advance.

This release and consent made this _____ day of _____, 20____, in Lincoln, Lancaster County, Nebraska, by the undersigned releaser.

IN CONSIDERATION of permission granted to our/my child (name) _____ by the St. Peter's Godteen Program to participate in all events and activities involving my child, I hereby release and discharge the St. Peter's Godteen Program and the St. Peter's Parish, both of the Lincoln, Lancaster County, Nebraska, their agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned of their child (name) _____ ever had, or now has, or may have or which the undersigned's heirs, executors, administrators, personal representatives, or assigns may have, or claim to have, against the St. Peter's Godteen Program, the St. Peter's Parish, or either of them or their successors or assigns for all injuries, personal or otherwise, known or unknown, and injuries to property, real or personal, caused by or arising out of, the events and activities.

The undersigned further consent that, should the above-named child require immediate medical attention for any reason while participating in any of the events, any doctor or hospital selected has the authority to provide any treatment deemed necessary.

The undersigned have read this release and consent, understand all its terms, and execute it voluntarily with full knowledge of its significance.

Dated this _____ day of _____, 20_____.

Daytime Phone #

Father

Night time Phone #

Mother

Teen