

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: _____ Birth date: _____

E-mail address(es) (of parents): _____

E-mail address(es) (student): _____

Text updates for teens and parents? Yes No Cell number to text to: (_____) _____

First time registrant for Godteens? (circle one) yes no

(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 (\$30 if register before July 31) Registration Fee (per student, per year) 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

Over



Photo Release Form

I hereby grant St. Peter's Catholic Church of Lincoln, Nebraska permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of St. Peter's Catholic Church and will not be returned.

I hereby irrevocably authorize St. Peter's Catholic Church to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing St. Peter's Catholic Church's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge St. Peter's Catholic Church from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

(Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)