

2020-21 Godteen Program Registration - St. Peter's Parish
402-328-2866

Please complete 1 form per student

Student's Name: _____ Birth date: _____

School: _____ Entering Grade (circle one): 9 10 11 12

Parent's/Guardian's Names: _____

Address: _____ Zip: _____

Contact Information:

PARENTS

STUDENT

Home Phone: _____

Cell(s): _____

E-Mail: _____

(First-time registrants only): Name 1 student you would like to be grouped with: _____

**We will do our best to honor this request* Returning student will remain with their previous group.*

We need your assistance! I can help with the following (circle):

Social Activities

Transportation

Fundraising

Service Projects

Registration Fee*: \$75 (\$65 if register before July 31) \$ _____

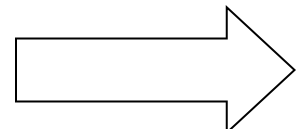
Tax-Deductible Donation: \$ _____

Thank you for your support of this program! Total \$ _____

* Includes *diocesan* student fee (Note: maximum GT registration fee per family \$150)

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

Complete both sides of this form



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_____.

Photo Release:

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 hereby certify that I am the parent or guardian of _____, 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)