



Saint Teresa Catholic Church

Godteens Registration form

Parents and Students: Families may fill out one sheet per family, but please **note which student goes with which grade**. Thank you!

Student's name _____

Parents' names _____

Street address & ZIP _____

Parent phone #s (specify home/mobile)

Parent e-mail _____

Student's phone # (if different from parents' number) _____

Can *student* receive text messages/email/social media for Godteens updates and messages (from their leaders)? Yes / No

Student's e-mail _____

Student's School _____

Grade level of student _____

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. Teresa's Godteen Program to participate in all events and activities involving my child, I hereby release and discharge the St. Teresa's Godteen Program and the St. Teresa'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. Teresa's Godteen Program, the St. Teresa'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. Teresa'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. Teresa's Catholic Church and will not be returned. I hereby irrevocably authorize St. Teresa's Catholic Church to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing St. Teresa'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. Teresa'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.

By signing below I affirm my understanding and give consent of the above two releases and consent articles.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)

Tuition = \$40.00/Student*

Paid by check # _____ or cash _____

(Checks can be made payable to: Saint Teresa's)

*Funds are used to purchase teaching materials and to cover or reduce the cost of large group activities.

Please attach fee to the form and return to your leaders or to Aubrey Potter (coordinator) as soon as possible, but no later than October 28th.

Aubrey Potter: 630 South 50th Street, Lincoln, NE 68510
Phone: 402-489-3599 E-mail: aubrey.daniel.potter@gmail.com

Fr. Justin Fulton
Phone: 402-477-3979 E-mail: Fr.Justin-Fulton@cdolinc.net