

Godteen Program Registration Form

Cathedral of the Risen Christ Parish

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

School: _____ Parent/Guardian's Names: _____

Address: _____ Zip: _____

Parent's preferred phone numbers (please list whose number and if it is home or a cell number):

Cell number for teen (if applicable): _____

Email addresses of parents: _____

Email address of student: _____

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

T-shirt size (circle one) AS AM AL XL XXL Other _____

Meetings are typically held either on Wednesday or Sunday evenings. The time will be decided for the Godteen Couple. Please note if you are unable to attend on either day.

A \$35 Registration Fee (per student) is requested. This fee helps defray the costs of food for the opening and closing Masses, snacks at large group events, the curriculum costs, transportation for the Retreat, and other expenses the program has. **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, or Other \$_____. Thank you for your generosity.

Please make checks payable to Cathedral and return with registration AND COVID form to the Cathedral parish office 3500 Sheridan Blvd. Lincoln, NE 68502.

If you have any questions, please feel free to call:

Renee de Villiers (402) 525-1766 OR Lawrence de Villiers (402) 217-7654

Release and Consent:

Your child may be participating in various field trips or service projects outside of their Godteen 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 events in advance.

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

IN CONSIDERATION of permission granted to our/my child (name) _____, by the Cathedral Godteen Program to participate in all events and activities involving my child, I hereby release and discharge the Cathedral Godteen Program and the Cathedral of the Risen Christ Parish, both of the Lincoln, Lancaster County, Nebraska, their agents, employees, volunteers, and officers from all claims, demands, actions, judgements, 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 Cathedral Godteen Program, the Cathedral of the Risen Christ 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 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____

Father _____

Daytime Phone # _____

Mother _____

Nighttime Phone # _____

Teen _____

COVID-19 PARENT/STUDENT ACKNOWLEDGMENT

STUDENT NAME: _____

SCHOOL: _____

PARENTS/LEGAL GUARDIANS: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is a contagious virus. COVID-19 can cause serious illness, and even death. As a result, the School has taken additional safety measures to reduce the spread of COVID-19. Even with implementation of additional safety measures, the School cannot guarantee you or your child ("Student") will not become infected with COVID-19.

I have read and understand the above warning concerning COVID-19. I am fully aware of the risk of my child or myself contracting COVID-19 while attending School or utilizing School facilities. I understand that the School cannot guarantee my child ("Student") will not be exposed to or infected with COVID-19 as a result of her/his attendance at School or use of the School facilities. Understanding this, I assume the risk on behalf of my child ("Student") and myself of contracting COVID-19 and any consequences resulting therefrom.

DAILY COVID-19 SCREENING.

I agree to conduct a daily COVID-19 screening of my child ("Student") by reviewing each of the following questions with my child before she/he arrives at School each day:

1. Do you have one of the following?

- Fever of over 100.4 degrees Fahrenheit
- Onset of shortness of breath or difficulty breathing
- New onset of dry cough
- New onset of loss of taste or smell

2. Do you have two (2) or more of the following?

- Chills longer than two (2) hours
- Congestion and/or runny nose
- Nausea, Vomiting or Diarrhea
- Sore throat
- Headache
- Muscle Pain

3. Have you had close contact with someone who tested positive for COVID-19? Close contact means longer than 15 minutes within 6 feet without a face covering or residing with someone who is positive for COVID-19.

4. Have you been directed to self-isolate due to a positive COVID-19 result or for having contact with someone with COVID-19?

I agree that if the response to any of the above four (4) questions is “YES”, I will not send my child to School and will advise the School promptly of the reason for her/his absence.

I understand conducting the above daily screening before bringing my child to School is a vital tool to prevent the spread of COVID-19 at the School and in the community.

RETURN TO SCHOOL.

I agree that if my child’s answer to any of the above daily COVID-19 screening questions is “YES”, I will not bring my child back to School until she/he has completed the quarantine and recovery criteria required by the School, in consultation with the local health department.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS ACKNOWLEDGEMENT RELATING TO CORONAVIRUS/COVID-19. I ACKNOWLEDGE I HAVE HAD THE OPPORTUNITY TO CONSULT WITH MY HEALTH CARE PROVIDER REGARDING THE RISKS ASSOCIATED WITH COVID-19 AS A RESULT OF MY CHILD’S ATTENDANCE AT SCHOOL AND USE OF THE SCHOOL’S FACILITIES.

I am the parent or legal guardian of the above listed Student. I have the legal right to consent to and, by signing below, I do hereby consent to the terms and conditions listed above on behalf of myself and my child (“Student”).

Parent/Legal Guardian: _____(Sign)
Date: _____

Parent/Legal Guardian: _____(Sign)
Date: _____