

Godteens Program Registration Form

Cathedral of the Risen Christ Parish

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

School: _____ Parent/Guardian Name(s): _____

Address: _____ Zip: _____

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

Cell number for student (if applicable): _____

Email address of parent/guardian: _____

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 on either Wednesday or Sunday evening. The time will be decided by the Godteens 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, and other program-related expenses. **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 Form AND Release and Consent Form (attached) to the Cathedral Parish Office, 3500 Sheridan Blvd, Lincoln, NE 68506.

If you have any questions, please feel free to contact:
Cathedral Parish Office: 402-488-0948 or CRC@crchrist-parish.org

Godteens Program Release and Consent Form

Cathedral of the Risen Christ Parish

Your child may be participating in various field trips or service projects outside of their Godteens 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 Godteens Program to participate in all events and activities involving my child, I hereby release and discharge the Cathedral Godteens 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 Godteens 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 _____