



Name\_\_\_\_\_ Current Godparent Couple\_\_\_\_\_

Grade Level 2020-21\_\_\_\_\_ Birthday\_\_\_\_\_ School\_\_\_\_\_

Address\_\_\_\_\_ Parish\_\_\_\_\_

Parents' Names\_\_\_\_\_ Cell Phone\_\_\_\_\_

Parent's Email\_\_\_\_\_ Teen's Cell Phone\_\_\_\_\_

\_\_\_\_\$50.00 Godparent Fee (enclosed) - Checks should be made payable to:  
**CCYM (Columbus Catholic Youth Ministry)** and need to be attached.

Please return this registration along with payment to our office either by **putting in our locked mailbox, or mailing to: CCYM, 1869 39<sup>th</sup> Avenue, Columbus, NE by June 1, 2019.**  
**There will be a \$5 late fee for any forms returned after July 1, 2020.**



Hogue's Freshman Group



Wangler's Sophomore Group

You will be in the same Godparent group as you are now, but you must re-register. We look forward to you being involved and coming back next year!

Take a peaceful pause in the midst of your hectic schedules, and **experience** creative ways of looking at and talking about your faith. We will have some new and fun things planned for next year, so please sign up again. Let us know if you have any ideas, questions, or feedback. **Your presence, input, and ideas are very much needed and appreciated! God bless!**

Lynn Heinrich & Sarah Doerneman  
 CCYM Coordinators - columbuscym@gmail.com

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## Parental/Guardian Consent Form and Liability Waiver

I, \_\_\_\_\_, grant permission for \_\_\_\_\_,  
Parent or guardian name Participant Name

to participate in the Godparent Program during the 2019-2020 school year.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Godparent couple, St. Bonaventure, St. Isidore, St. Anthony, and the Archdiocese of Omaha, chaperons, or representatives associated with the program, arising from or in connection with my child attending the sessions or events or in connection with any liability, claims, property loss/damage, illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, it's officers, directors and agents, and the Archdiocese of Omaha, chaperons, or representative associated with the program for reasonable attorney's fees and expenses arising in connection therewith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers for emergency contact: \_\_\_\_\_