



YOUTH PICKLEBALL 8 WEEK PROGRAM MONDAYS 6:00 PM – 7:30 PM

Participant Name _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian Name _____

Phone # _____ Email _____

Address _____ City _____ State _____ Zip _____

In case of an emergency... Besides information provided above, please list additional contact (1) information for second (2) contact to be notified:

Name: _____ Relationship: _____

Medical Insurance/Group Information _____

Policy Holder/Number _____

Registration Fee: \$60 per participant (upon registration, there will be NO refunds).

Families with multiple participants will receive a \$10 discount for each additional player (must be within the same household). Scholarships are available for those that meet qualifications (discounted rate).

Skill Level (select one) - 1 2 3 4 5

1 – Beginner 5 – Advanced

Does your participant have their own paddle?

Yes or No

(see back page for waiver)



Waiver

Participation in physical activities involves certain risks, strains, exhaustion, joint injury, etc. The Carpenter Center will NOT be liable for lost or stolen items while program participants are using the facilities. I give permission for the Carpenter Center, without obligation, to use any photographs, video footage, recordings, voice recordings, etc. which may include my voice/image, or that of my child(ren) for the purposes of promotion. I, the undersigned, for myself and my heirs, do hereby release the Carpenter Center/Housing Authority of Western Nebraska/City of Terrytown and its employees, agents, volunteers, and coaches from any and all claims for injury, death, loss, or damage I/my child(ren) may suffer as a result of participation.

Parent/Guardian Signature

Date

Office Use Only

Registration received by _____

Date received _____

Cash/Check #/Credit Card _____

Carpenter Center – 116 Terry Blvd. Gering, NE 69341

308-635-8422 – programs@carpentercenter.us

