



INDOOR SOCCER LEAGUE

SATURDAYS 10:30 AM – 4:30 PM

Participant Name _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian Name _____

Phone # _____ Email _____

Address _____ City _____ State _____ Zip _____

Experience Level (1-lowest skill/beginner, 5-highest skill/advanced)

1 2 3 4 5

T-Shirt size

YS YM YL YXL AS AM AL AXL or _____

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 _____

Parent interested in coaching...

Name _____ Phone _____ Email _____

Registration Fees

\$55 per participant (upon registration, there will be NO refund). Registration ends January 20th, 2025. Late registrations will incur a \$25 fee.

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).

Coed Age Divisions - 4-6 7-9 10-12

(see back page for waiver)

Waiver – Release from Liability

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.

In order to have a child participating in these leagues, the Parent(s)/Guardian(s) of the child participating in the program must agree that they are solely responsible for any injuries, medication, physician visit, or surgery related to injury for their child. By signing below, the Parent(s)/Guardian(s) are acknowledging that they have released the Carpenter Center, Housing Partners of Western Nebraska, City of Terrytown, and any volunteers and coaches from any liability while participating in the program.

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 info@carpentercenter.us

