



# **AFTER SCHOOL CLUB**

## **DAILY 3:30 PM – 5:00 PM**

### **DURING THE SCHOOL YEAR**

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) 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 Conditions – Medications \_\_\_\_\_

Food Allergy \_\_\_\_\_

Medical Insurance/Group Information \_\_\_\_\_

Policy Holder/Number \_\_\_\_\_

Please indicate any sports/activities your child may be interested in learning/playing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**(see back page for waiver)**

Registration Fee

The cost is \$40 WEEKLY! That’s \$8 daily! Financial aid (Scholarships - \$20 weekly) available for those that meet qualifications.

**Punch cards** are offered for \$60 (non-scholarships) or \$40 (scholarships – financial aid) for up to 10 visits that do **NOT** have to be consecutive and function on a “**drop-in basis.**”

**\$60 for 10 visits works out to \$6 daily. \$40 for 10 visits works out to \$4 daily!**

**Fees MUST BE PAID at registration/enrollment with completed application.**

**There will be NO refunds, credits, or prorating of fees for missed days, including holidays, withdrawals, or dismissals.**

**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](mailto:programs@carpentercenter.us)

