



For more information:
Carpenter Center, 116 Terry Blvd
Gering, NE 69341
Phone: 308-635-8422
E-mail: info@carpentercenter.us
carpentercenter.net

Gymnastics Registration Form

Participant's Name _____

Birthdate _____ Current Grade _____ Years of Experience _____

Mother's Name _____ Father's Name _____

Home Address _____ City _____

State _____ Zip Code _____ E-mail _____

Home Phone _____ Cell Phone _____

Alternate Cell _____ Work Phone _____

Previous Tumbling, Cheerleading, Gymnastics, Dance: _____

In case of an emergency other than the parent to be notified is:

Name _____ Relationship _____ Phone: _____

Special Medical/Medication Conditions _____

Insurance Information / Group Name _____

Policy Holder _____

(Please Turn Over)

Beginner Gymnastics

Tuesday 4:00-6:00 PM

Adv. Beginner Gymnastics

Wednesday 5:00-7:00 PM

**Fees: \$45/ Month
\$20 Registration Fee**

Child's Behavior- I understand I am responsible for my child's, siblings', and family member's behavior and safety while at the Carpenter Center premises, including parking lot, bathrooms, lobby, etc. I also understand that I am responsible for cleaning up after my child.

Tuition- I understand tuition is **due on the 28th prior to the month of participation**. Families with additional kids receive a \$5.00 discount for each child. There will be an additional charge of \$30.00 for NSF checks.

Registration and Fee -Fees MUST BE PAID on date of enrollment with a complete application.

Refunds- There are no refunds, credits, or prorating of fees for missed days, holidays, class withdrawal, or dismissal. New enrollees can have the first month prorated but must pay the prorated amount plus the upcoming month in full.

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 community center facilities. I give my permission for the Carpenter Center, without obligation, to use any photographs, film footage, or tape recordings which may include my voice/image or that of my child for purposes of promoting the Carpenter Center programs. 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 may suffer as a result of my participation. Upon registering your child, there are no refunds.

Parent or Guardian Signature

Date

Ask About Financial Aid

Payment: Cash _____ Check # _____

Credit Card _____

Received by _____

Fin Aid Requested Y N

Fin Aid Application completed Y N

Prorated for month of _____ Amt\$ _____

