



Terry
&
Hazeldeane
CARPENTER
Intergenerational
CENTER

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

GIRLS HIGH SCHOOL TENNIS REGISTRATION

Current High School _____ Session Dates _____

Participant's Name _____

Birthdate _____ Current Grade _____ Age _____

List any previous experience with this sport _____

Mother's Name _____ Father's Name _____

Home Address _____ City _____

State _____ Zip Code _____ E-mail _____

Home Phone _____ Cell Phone _____

Alternate Cell _____ Work Phone _____

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

Name _____ Relationship _____ Phone: _____

Special Medical or Behavioral Conditions _____

Coaches can best help participant learn by

Has this participant had a physical in the last calendar year? _____ Yes _____ No

Doctor's name and phone number _____

Dentist's name and phone number _____

Medical Insurance information / Group _____

Policy Holder _____

How did you hear about this program? _____ Website _____ Instagram _____ Word of Mouth _____

Waiver: Participation in organized 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, the undersigned, for myself and my heirs, do hereby release, covenant, not to sue, acquit, and forever discharge the Carpenter Center and Housing Authority of Western Nebraska and City of Terrytown, all 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.

Parent or Guardian Signature / Date:

Participant Behavior- I understand I am responsible for my and/or my family member's behavior and while at the Carpenter Center premises, including parking lot, bathrooms, lobby, etc. I also understand that I am financially obligated for any clean up or damage to property, equipment, and the like, shall it be determined by Carpenter Center and/or Coaching personnel that my child or my family is responsible for.

Parent or Guardian Signature / Date:

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 Carpenter Center programs

Parent or Guardian Signature / Date:

OR

I do not give permission for media use _____
parent initial

Payment Agreement:

- Registration is considered complete when funds have been submitted to Carpenter Center at 116 Terry Blvd. Gering, NE 69341
- There are no refunds, credits, or prorating of fees for missed classes, holidays, class withdrawal, or dismissal, unless a class is cancelled due to instructor illness.

Cash or check (made to Carpenter Center)

Maximum 8 participants per session. You are encouraged to register for multiple sessions.

Circle Sessions for Which You are Registering

MONDAYS

January 27

4:00-5:30pm Freshman Beginner (\$10)
 5:30-7:00pm Varsity Development (\$10)
 7:00-8:00pm Freshman to Varsity (\$7)

February 3

4:00-5:30pm Freshman Beginner (\$10)
 5:30-7:00pm Varsity Development (\$10)
 7:00-8:00pm Freshman to Varsity (\$7)

February 10

4:00-5:30pm Freshman Beginner (\$10)
 5:30-7:00pm Varsity Development (\$10)
 7:00-8:00pm Freshman to Varsity (\$7)

For Office Use Only

Application accepted by _____

Scholarship application Y N

Date _____

Cash _____

Check # _____