

TUMBLING & TRAMPOLINE (T & T)



Participant Name			
Date of Birth	Age	Grade	
Address	City	State	Zip
Mother's Name			
Phone #			
Father's Name			
Phone #			
In case of an emergency information for second (2)	. Besides information provocation contact to be notified:	vided above, please list	additional contact (1)
Name & #:	Relationship:		
Medical Conditions – Med	lications		
Food Allergy			
Medical Insurance/Group	Information		
Policy Holder/Number			
Please indicate any previo	us Tumbling, Cheerleadin	g, Dance, &/or Gymnas	stics experience:
	Office Use	<u>Only</u>	
Class Assigned	Coac	h Signature	
Registration received by _		Date received	
Cash/Check #/Credit Card	d (amount)		
Prorate	d – Month & Amount		
Financial Aid Reques	ted – Yes or No Fin	nancial Aid App. Comp	oleted – Yes or No

(see back page)

Class Pricing

Tuition is due on the 28th of the month prior to participation. Prices are monthly payable to the Carpenter Center. There is a \$5 discount for each additional child enrollment. There will be an additional \$30.00 NSF fee for returned checks. There are NO refunds, credits, or prorating of fees for missed days, holidays, class withdrawal, or dismissal.

Competition Team (All Levels) - Unlimited Practices - \$105.00/month

Beginner - 1 hour/1 day a week - \$45.00/month

Advanced Beginner - 1 hour/1 day a week - \$45.00/month

Non-Competition - 2 hours/1 day a week - \$80.00/month

Mommy & Me - 45 min./1 day a week - \$35.00/month

Liability 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.

Media Release

I give my permission for the Carpenter Center, without obligation, to use any photographs or video 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.

Printed Name:_	
Signature:	
Minor Name/Relationship: _	

Fall Classes

Monday				
Team (Levels 1-4)	4:00-6:00			
Team (Level 5+)	6:00-8:00			
Tuesda	/			
Team (Level 1-4)	4:00-6:00			
Team (Level 5+)	6:00-8:00			
Non-Competition	4:00-6:00			
Beginner	5:00-6:00			
Advanced Beginner	6:00-7:00			

Wednesday				
Team (Level 5+)	4:00-6:00			
Advanced Beginner	4:00-5:00			
Beginner	5:00-6:00			
Mommy & Me	5:10-6:00			
Thursday				
Team (Level 1-4)	4:00-6:00			
Team (5+)	6:00-8:00			
Advanced Beginner	5:00-6:00			
Beginner	6:00-7:00			