



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

TUMBLING CLINIC REGISTRATION

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: _____

Coaches can best help my child learn by

Emergency Contact Phone number _____

Medical Insurance information / Group _____

Policy Holder _____

Previous Tumbling, Cheerleading, Gymnastics, Dance: _____ -

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

The coach is Terry DeVries, a two time silver medalist at the World Championships and World Age Groups on the U.S. national team for tumbling and trampoline!!

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, 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:

OR

I do not give permission for media use _____
parent initial

Payment Agreement:

- Payment will be made at time of registration.
- Group 1 limited to the first 20 tumblers and group 2 & 3 are limited to the first 10-12 tumblers
- Tumbling coaches will place tumblers in appropriate groups
- There are no refunds, credits, or prorating of fees for the clinic.

July 18 & 19
Group 1: Levels 3-5
Sat. 5:00-7:00 pm and
Sun. 9:00-11:00 am
Group 2: Levels 6+
Sat. 6:30-8:30 am and
Sun. 1:30-3:30 pm
Group 3: Levels 6+
Sun. 10:30-12:30 pm and
Sun. 3:00-5:00 pm

COST: \$65 per tumbler

For Office Use Only
Application accepted by _____
Date _____
Cash _____
Check # _____