



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](mailto:info@carpentercenter.us)  
[carpentercenter.net](http://carpentercenter.net)

## YOUTH PICKLEBALL 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

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

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

Policy Holder \_\_\_\_\_

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

**These classes are designed for BEGINNERS to INTERMEDIATE level players, ages 7 to 14, who are either new to pickleball or want to advance their game.**

Saturdays from 12:00-1:30 PM  
8-week program  
February 4th to March 25th  
  
COST: \$100

**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*

*For Office Use Only*  
Application accepted by \_\_\_\_\_  
Date \_\_\_\_\_  
Cash \_\_\_\_\_  
Check # \_\_\_\_\_  
Credit Card \_\_\_\_\_