



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

VOLLEYBALL REGISTRATION

Sport _____ 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 my child 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:

Child's Behavior- I understand I am responsible for my child's 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 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:

- Payment will be made at time of registration.
- 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)

Scholarship Inquiry– A limited number of partial scholarships may be available by an application and approval process. Ask Front Desk personnel for an application, if needed. We strive to support as many interested participants as we can, but not all scholarships are approved. Thank you for your understanding.

SATURDAYS
March 7, 14, 21, 28
1:00—2:15p.m. ages 12 and up
2:20—3:15 p.m. ages 9-11
3:20—4:00 p.m. ages 6-8

COST: \$45

Sign up is for all four sessions. We cannot prorate or split cost if participant can only attend certain weeks.

For Office Use Only

Application accepted by _____

Scholarship application Y N

Date _____

Cash _____

Check # _____