

Program Enrollment Form

Use this form to sign-up for classes, programs and camps.



MEMBER/GUEST INFORMATION

PARTICIPANT NAME (FIRST, MIDDLE, LAST) MALE FEMALE

BIRTHDATE AGE (IF UNDER 19)

IS THE PARTICIPANT A MEMBER? YES NO GOLD SILVER EMPLOYEE

ADDRESS CHECK HERE IF NO CHANGES TO ADDRESS

CITY STATE ZIP

PARENT/GUARDIAN(S) NAME IF APPLICABLE:

HOME PHONE CELL PHONE EMAIL

EMERGENCY CONTACT & PICK UP AUTHORIZATION PLEASE COMPLETE FOR 18 AND UNDER

1. NAME	RELATIONSHIP	CELL PHONE	<input type="radio"/> EMERGENCY <input type="radio"/> PICK UP AUTHORIZATION
2. NAME	RELATIONSHIP	CELL PHONE	<input type="radio"/> EMERGENCY <input type="radio"/> PICK UP AUTHORIZATION
3. NAME	RELATIONSHIP	CELL PHONE	<input type="radio"/> EMERGENCY <input type="radio"/> PICK UP AUTHORIZATION

NOT AUTHORIZED TO PICK UP

1. NAME	RELATIONSHIP	CELL PHONE
2. NAME	RELATIONSHIP	CELL PHONE

CLASS INFORMATION

CLASS #	CLASS NAME	CLASS DATE	CLASS TIME	FEE \$

TOTAL \$

YOUTH MEDICAL INFORMATION

The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic. If your child needs medicine administered during class time, please fill out a "Right to Distribute Medication Form".

ARE IMMUNIZATIONS CURRENT? YES NO DATE OF LAST TETANUS SHOT

ASTHMA BEHAVIORAL CHALLENGES CARRIES INHALER CARRIES EPI-PEN
 DIABETES EPILEPSY ALLERGIC TO INSECT STINGS ALLERGIC TO PENICILLIN

NAME AND PURPOSE OF ANY MEDICATIONS

HEALTH HISTORY

DIETARY RESTRICTIONS

ACTIVITY RESTRICTIONS

PLEASE LIST ANYTHING THAT MAY AFFECT YOUR CHILD'S EXPERIENCE AT THE KROC (IE DIVORCE, MOVING, HEALTH, OR ANY SPECIAL ACCOMMODATIONS, ETC)

PAYMENT INFORMATION

I AM PAYING WITH CASH/CHECK CHECK # _____

CHARGE MY CREDIT CARD _____

If paying by credit card, please present your card to The Salvation Army Kroc Center front desk to be processed. Programs can also be purchased with a credit card online at www.kroccda.org.

SIGNATURE _____

TODAY'S DATE _____

LIABILITY WAIVER

By signing this document I (we) agree to the following terms: In case of illness or accident The Salvation Army Kroc Center is authorized to secure emergency medical treatment at my expense. The Salvation Army Kroc Center reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. The Salvation Army Kroc Center assumes no responsibility for personal property that is either in or out of lockers. By signing this Program Enrollment Form, I (we) hereby waive any and all claims against The Salvation Army Kroc Center.

LIABILITY WAIVER - I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

CONSENT TO TAKE AND PUBLISH PHOTOGRAPHS, VIDEO, AUDIO, AND MEDIA RECORDINGS - I hereby grant The Salvation Army, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

CLASS AND PROGRAM CANCELLATIONS - Full payment is expected at the time of enrollment. No cash refunds are given unless the program is cancelled by The Kroc Center. The Kroc Center will determine if a class needs to be cancelled due to low enrollment 48 hours prior to the start of class. If the program is cancelled by The Kroc Center, you will be given the choice of a full credit or a cash refund. If you request to cancel your class enrollment five or more days prior to the first class, you will receive a full credit on a Kroc Center gift card minus a \$5 processing fee or you may choose to transfer to another session if available. Requests made less than five days prior to the start date are not eligible for a refund or credit, except in the case of personal emergencies. No credits or pro-rated credits will be issued for missed days of camp or class due to illness, partial attendance, behavior issues, or any other reason. Cancellation of a personal or group coaching session requires 24-hours notice.

CAMP CANCELLATIONS/REFUND POLICY - Full payment is expected at the time of enrollment. No cash refunds are given unless the program is cancelled by The Kroc Center. If the program is cancelled by The Kroc Center, you will be given the choice of a full credit or a cash refund. If you request to cancel your class enrollment five or more days prior to the first class, you will receive a full credit on a Kroc Center gift card minus a \$25 processing fee or you may choose to transfer to another session if available. Requests made less than five days prior to the start date are not eligible for a refund or credit, except in the case of personal emergencies. No credits or pro-rated credits will be issued for missed days of camp or class due to illness, partial attendance, behavior issues, or any other reason. **Canceled by** _____ **MEMBER INITIALS:** _____

NAME, PLEASE PRINT _____

DATE _____

YOUTH PARTICIPANT NAME (IF APPLICABLE) _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE _____

INTERNAL USE ONLY

DATE _____

BY WHO _____

NOTES _____
