

MEMBER/GUEST INFORMATION

CHILD'S NAME	BIRTHDATE
PARENT NAME	RELATIONSHIP
PARENT CELL	EMAIL

EMERGENCY CONTACT & PICK UP AUTHORIZATION

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

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 _____

<input type="radio"/> ASTHMA	<input type="radio"/> BEHAVIORAL CHALLENGES	<input type="radio"/> CARRIES INHALER	<input type="radio"/> CARRIES EPI-PEN
<input type="radio"/> DIABETES	<input type="radio"/> EPILEPSY	<input type="radio"/> ALLERGIC TO INSECT STINGS	<input type="radio"/> 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) _____

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 Class/Program Enrollment Form, I (we) hereby waive any and all claims against The Salvation Army Kroc Center. I understand that use of the facilities and equipment at The Salvation Army Kroc Center, including the transportation to and from The Salvation Army for field trip or program purposes, 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.

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. The Salvation Army Ray and Joan Kroc Corps Community Center may use the above listed participants photo for promotional purposes.

PARENT/GUARDIAN NAME, PLEASE PRINT _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____