

Program Enrollment Form

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



STEP 1: MEMBER/GUEST INFORMATION

PARTICIPANT NAME (FIRST, MIDDLE, LAST)

BIRTHDATE AGE (If under 19) T-SHIRT SIZE (If Applicable)

PARENT/GUARDIAN(S) NAME IF APPLICABLE:

ARE YOU A MEMBER? YES NO

GOLD SILVER EMPLOYEE MEMBER # IF YES, SKIP TO STEP 3

STEP 2: CONTACT INFORMATION

ADDRESS

CITY STATE ZIP

MALE FEMALE EMAIL

HOME PHONE CELL

STEP 3: CLASS INFORMATION

SIGNING UP FOR: PROGRAM/CLASS SPORTS LEAGUE/TEAM

CLASS #	CLASS NAME	CLASS DATE	CLASS TIME	FEE \$
SUBTOTAL				\$
LESS GOLD MEMBER 10% DISCOUNT				-
GRAND TOTAL				\$

STEP 4: PAYMENT INFORMATION

I AM PAYING WITH CASH/CHECK CHECK # CHARGE MY CREDIT CARD VISA MASTERCARD

I authorize The Salvation Army Kroc Center to charge my credit card indicated below.

NAME (AS IT APPEARS ON CARD) CARD NUMBER

SIGNATURE EXPIRATION DATE (MM/YY) TODAY'S DATE

STEP 5: 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 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. For information regarding The Kroc Center's cancellation policy, please see the program guide.

NAME, PLEASE PRINT DATE

SIGNATURE

YOUTH PARTICIPANT (PARENT/GUARDIAN SIGNATURE)

EMERGENCY CONTACT INFORMATION

NAME

RELATIONSHIP

CELL PHONE

ALTERNATE PHONE

SPECIAL ACCOMMODATIONS

PLEASE LIST IF APPLICABLE:

LEAGUE/TEAM SIGN-UP

I AM AN INDIVIDUAL AND NEED TO BE ASSIGNED TO A TEAM

I AM PART OF A TEAM

TEAM CAPTAIN

TEAM NAME

INTERNAL USE ONLY

DATE

BY WHO

NOTES