Non-Member Program Enrollment Form

KROC COMMUNITY CENTER

PURCHASER'S NAME

○ MALE
○ FEMALE

CELL PHONE

WORK PHONE

(Number to be called in case of class cancellation.)

EMAIL

BIRTH DATE (MM/DD/YY)

ADDRESS

APT

CITY

STATE

ZIP

ID CHECKED (AGE 12+) ☐

TYPE OF ID (DL, DL, STUDENT ID)

EMERGENCY CONTACT

CONTACT 1

FIRST NAME

LAST NAME

PHONE

☐ AUTHORIZED FOR PICK UP

CONTACT 2

FIRST NAME

LAST NAME

PHONE

☐ AUTHORIZED FOR PICK UP

CLASS INFORMATION

PARTICIPANT NAME (FIRST & LAST)	BIRTH DATE (MM/DD/YY)	CLASS #	CLASS TITLE	DAY(S) & TIME(S)	COST
				GRAND TOTAL $	

By signing this form I (we) agree to the following:
(1) Program participant(s) will abide by the terms of this agreement at all times during the period of visit and will comply with all rules and regulations posted or otherwise communicated to facility users.
(2) In case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the program participant's expense.
(3) The Salvation Army Kroc Center reserves the right to remove from the facility any program participant(s) who fails to comply with any posted rules and regulations or otherwise breaches the terms of this agreement, in which case program participant(s) will not be entitled to refund of dues.
(4) Program participant(s) rights are not transferrable, and
(5) grant permission for The Salvation Army Kroc Center to make visual recording of all individuals listed on this form for its responsible use.

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 for myself and any minors identified on this form. 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._____ Initial of above "Program Purchaser or Participant"

PHOTO RELEASE: I hereby give permission for me or any participants listed to be photographed/videotaped with the possibility of being used in The Salvation Army publicity and I give exclusive rights to these photos/videos to The Salvation Army and waive all claims of compensation.
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, guest of any Member Day Pass user, or program participant poses an unreasonable risk of harm to its patrons, staff, or visitors.
_____ Initial of above "Program Purchaser or Participant"

SIGNATURE _____ **DATE** _____

Parent or Legal Guardian signature is required for everyone 17 years or under.

FOR OFFICE USE ONLY

RECEIVED BY (Initial/Date):