

Program Enrollment Form

THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER



MEMBER/GUEST INFORMATION

PARTICIPANT NAME (FIRST, MIDDLE, LAST) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARTICIPANT DATE OF BIRTH _____ MALE FEMALE

PARENT/GUARDIAN(S) NAME IF APPLICABLE _____

CELL _____ EMAIL _____

HOME PHONE _____

SIGNING UP FOR PROGRAM/CLASS SPORTS LEAGUE/TEAM

CLASS INFORMATION

REG #	CLASS/LEAGUE TYPE	SESSION DATE	SESSION TIME	FEE \$
SUBTOTAL				\$
LESS MEMBER 10% DISCOUNT				-
GRAND TOTAL				\$

PAYMENT INFORMATION

PAID WITH CASH/CHECK CHECK NUMBER # _____

PAID BY CREDIT CARD VISA MASTERCARD AMEX DISCOVER

INTERNAL USE ONLY

DATE _____

BY WHO _____

NOTES _____

LIABILITY WAIVER

By signing this document, I (we) agree to the following items: In case of illness or accident, Kroc Center Hawaii is authorized to secure emergency medical treatment at my expense. Kroc Center Hawaii 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. Kroc Center Hawaii 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 Kroc Center Hawaii. I understand that use of the facilities and equipment at Kroc Center Hawaii 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 Kroc Center Hawaii. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for who I sign) right to make any claim against Kroc Center Hawaii, 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 Kroc Center Hawaii facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, Kroc Center Hawaii has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, Kroc Center Hawaii 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. Kroc Center Hawaii may use the above listed participant's photo for promotional purposes. For information regarding Kroc Center Hawaii's cancellation policy, please see the Program Guide.

NAME (PLEASE PRINT) _____ DATE _____

SIGNATURE _____

YOUTH PARTICIPANT (PARENT/GUARDIAN SIGNATURE) _____

MEMBERSHIP INFO

IS THE PARTICIPANT CURRENTLY A KROC MEMBER?

MEMBERSHIP # _____

NOT CURRENTLY A MEMBER _____

EMERGENCY CONTACT INFORMATION

FIRST NAME _____

LAST NAME _____

RELATIONSHIP _____

CELL PHONE _____

ALTERNATE PHONE _____

LEAGUE SIGN-UP ONLY

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

I AM PART OF A TEAM

TEAM CAPTAIN _____

TEAM NAME _____

SHIRT SIZE _____

CLINIC SIGN-UP ONLY

SHIRT SIZE _____



CONSENT TO PUBLICATION
BY
THE SALVATION ARMY

I certify that I am at 21* years of age, my birth date being _____, 19 ____, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day.

_____	_____	_____	_____
(Print Name)	(Sign Name)	(Address)	(Date)
_____	_____	_____	_____
_____	_____	_____	_____

Authorization Relating To A Minor Or Individual Under Local Guardianship

I hereby certify that I am the (parent)/(legal guardian) of a minor child or dependent _____, and have executed this release on (his)/(her) behalf.

_____	_____	_____	_____
(Print Name)	(Sign Name)	(Address)	(Date)
<u>Witness to Execution of Release</u>			
_____	_____	_____	_____
(Print Name)	(Sign Name)	(Address)	(Date)

*Substitute the age of majority, if less than 21 years, in the State of residency of the subject of the consent.

NOTE: Photos and video taken will be for use in promotion of The Salvation Army Ray and Joan Kroc Corps Community Center (“Kroc Center Hawaii”)