

## PROGRAM ENROLLMENT FORM

STEP 1: MEMB	ER/GUE	ST IN	FORMATION				EMERGENCY CONTACT
PARTICIPANT NAME		FIRST NAME					
BIRTHDATE		LAST NAME					
PARENT/GUARDIAN(S)	IF APPLICA	CELL PHONE					
ARE YOU A MEMBER		MEMBER#	IF YFS. SI	CIP TO STEP 3		ALTERNATE PHONE	
STEP 2: CONTA				23, 3.	10 3121 0		
ADDRESS							
				STATE	ZIP		SPECIAL ACCOMMODATIONS
EMAIL							PLEASE LIST IF APPLICABLE:
HOME PHONE				CELL			
							2   -
STEP 3: CLASS	INFOR	MATIC	ON				LEAGUE/TEAM SIGN-UP
CLASS	CLASS NAME		SS NAME	CLASS DAY	CLASS TIME	FEE\$	I AM AN INDIVIDUAL AND NEED TO BE AS SIGNED TO A TEAM
CODE					IIIVIE		I AM PART OF A TEAM
							TEAM CAPTIAIN
							TEAM NAME
							-
							INTERNAL USE ONLY
							DATE
					SUBTOTAL	\$	BY WHO
					DISCOUNT	-	NOTES
					GRAND	\$	
STEP 4: REFUN	D POLI	CY		ļ			
		-	and the progression of eac otment for courses is not f				. Please make every effort to attend your scheduled id.
SWIMMING LESSON I	REFUND PO	OLICY:	Make up classes are o	nly scheduled due to	inclement weat	her, mechanical or	sanitary difficulties in pool area.
DANCE CLASS REFUND POLICY:		If less than six (6) parti	If less than six (6) participants register for the course, the class will bE cancelled and a refund will be issued.				
			Make up classes are o	nly scheduled due to	inclement weat	her, mechanical or	emergency conditions in dance area.
STEP 2: LIABILI	TY WAI	VER					
at my expense. The Scequipment, policies, of personal property that I understand that use of I understand that it is I also understand and	alvation Ar ther memb is either in of the facilit up to me to agree that eers, include	my Kroc pers and or out of ties and o consult to by sign ding the	Center reserves the righ- staff. Members who are d if lockers. By signing this ( equipment at The Salvation physicians and other pro- ing this Agreement, I am right to sue them, for book	t to dismiss any parti ismissed will not be g Class/Program Enrollr on Army Kroc Center fessionals to make su giving up my (or the	cipant who doe given a refund o ment Form, I (we may involve risk ure that I can saf e minor for who	s not show respect f fees paid. The So e) hereby waive an of bodily injury or ely participate in a m I sign) right to	er is authorized to secure emergency medical treatment of the facility, including but not limited to: property alvation Army Kroc Center assumes no responsibility for y and all claims against The Salvation Army Kroc Center property damage and I agree to assume any such risks activities and events at The Salvation Army Kroc Centermake any claim against The Salvation Army, its agents night suffer while using The Salvation Army Kroc Center

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)	