

Kroc Camp/Registration Form 2026



Participant Information

Name of Child (please print) _____

Nickname (if applicable) _____

Age of Child _____ Birth Date _____ Sex Male Female

Parent(s)/Legal Guardian(s) Information

Name of Parent/Guardian _____ Relationship _____

Name of 2nd Parent/Guardian _____ Relationship _____

Child's Primary Address _____ City, State, Zip _____

Preferred Phone (_____) _____ cell home work

Alternate Phone (_____) _____ cell home work

Email address _____

Alternate Emergency Contact Information

(Parent/Guardian(s) to be contacted first. Please list 2 alternate contacts for emergencies)

Name _____ Relationship _____

Preferred Phone (_____) _____ cell home work

Name _____ Relationship _____

Preferred Phone (_____) _____ cell home work

Identity Verification (to be filled out by Staff Member only)

Child's Birthdate Verification _____ Child's Place of Birth _____

Child's Birth Certificate Number & Date Issued _____

Other Form of Proof of Identity _____

Details _____

Date Viewed & Completed Application Accepted _____

Activity Responsibility Agreement

I, the undersigned, understand that here are risks and dangers inherent in participating in The Kroc Center of Hampton Roads Summer Day Camp Program, hereinafter "Activity", for a time period of up to one year. I also understand that in order to be allowed to participate in this Activity and associated Activities, I must agree not to hold The Salvation Army liable for any injury or damage which I may suffer while participating in any Activity or going to/from any Activity.

Knowing this, and in consideration of being permitted to voluntarily participate in any Activity, and recognizing the charitable nature of The Salvation Army, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of any participation in any Activity.

- I understand and agree that I am releasing not only The Salvation Army, but also its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts or omissions by The Salvation Army's personnel or other unrelated third parties or other participants.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify and hold The Salvation Army, its officers, agents or employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my participation in any Activity.
- I understand and agree that I am signing this waiver/release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I had signed this document of my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT.
I acknowledge that I have read this waiver/release agreement and that I understand the words and language in it. I understand there are potential dangers incidental to participating in any activity and going to/from any activity. I execute it voluntarily and with full knowledge of its meaning and significance.

I understand that while at The Kroc Center the child named may take part in activities such as: swimming, rock-climbing, gym activities, and other activities consistent with the purposes of the program from July 6, until August 28, 2020.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for the medical treatment.

Guardian Signature: _____

Consent to Publication by The Salvation Army

I certify that I am at 21 years of age, my birth date being _____, 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 child's name, signature and likeness, and any portraits, pictures, photographic prints or other representations of my child, or in which my child 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 child's name or a fictitious name, or the name of another person, with or without any statements or testimonials made by my child, 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 child's 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.

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.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Health Information & History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Diet/Nutrition: eats a regular diet vegetarian has special food needs/allergies describe below)

Allergies: no known allergies allergies (please describe below)

Restrictions: Please list any and all restrictions that may limit your child's participation in camp activities (i.e. r physical, mental, or psychological conditions).

Health Insurance Information

Insurance Company: _____ Policy Number: _____

Primary Care Physician: _____ Office Phone: _____

Swimming Ability

Non-swimmer Beginner Moderate

Other Information

Other information leaders should know about the child:

Physical Examination & Immunizations

- Provide a copy of a comprehensive physical examination by a physician, registered nurse, or health department official completed within the last 12 months.
- Provide a copy of the child's shot record

Illness Notifications

- The Salvation Army agrees to notify the parent whenever the child becomes ill or hurt, and parent/guardian will arrange to have the child picked up as soon as possible, if requested by The Salvation Army
- The parent/guardian agrees to inform The Salvation Army within 24 hours, or the next business day after the child or any member of the immediate household has developed a reportable communicable disease as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

Release of Child

When program activities have concluded, my child may be released into the care of:

NAME	PHONE NUMBER	RELATIONSHIP

Persons NOT authorized to pick up child*:

* Custodial Parent must provide appropriate legal paperwork to be kept on file when he/she requests The Kroc Center not release the child to the other parent. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the non-custodial parent of a student must be included, upon the request of said parent, as an emergency contact for events occurring during the program's activities

Child's Agreement for Salvation Army Activities

I agree to participate in the functions and activities of The Salvation Army and to cooperate with the leaders and other young people. I promise to respect myself, respect other persons, and respect property. I understand that my continued participation in Salvation Army activities depends on my support of this agreement.

Child's Name/Signature

Date

Parent/Guardian Release

I am the parent or legal guardian of the minor _____, and
I am signing this waiver/release on behalf of said minor.

I have received and reviewed the Kroc Camp Parent & Camper Handbook.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Age of Minor

Witness Signature

Date

How did you hear about Kroc Camp? i.e. TV, Google, Friend/Family, Social Media, On-site at The Kroc?
