

ENROLLMENT FORM



KROC CENTER
OMAHA

Submit this completed form to the Welcome Desk to enroll in classes/programs.
This form may be used to enroll multiple individuals from the same household in different activities.

PLEASE PRINT:

PARTICIPANT #1 INFORMATION Is the participant currently a Kroc Center Member? YES NO

Name: First _____ Last _____ Gender MALE FEMALE
Date of Birth _____ Age _____ If Applicable: Grade _____ School _____

Class Selection(s) / Activity Name	Start Date	Day(s) / Time	Fee

Coach/Instructor or Player Requests (not guaranteed), list full name: Coach/Instructor _____ Friend/Teammate _____

PARTICIPANT #2 Is the participant currently a Kroc Center Member? YES NO

Name: First _____ Last _____ Gender MALE FEMALE
Date of Birth _____ Age _____ If Applicable: Grade _____ School _____

Class Selection(s) / Activity Name	Start Date	Day(s) / Time	Fee

Coach/Instructor or Player Requests (not guaranteed), list full name: Coach/Instructor _____ Friend/Teammate _____

PARTICIPANT #3 Is the participant currently a Kroc Center Member? YES NO

Name: First _____ Last _____ Gender MALE FEMALE
Date of Birth _____ Age _____ If Applicable: Grade _____ School _____

Class Selection(s) / Activity Name	Start Date	Day(s) / Time	Fee

Coach/Instructor or Player Requests (not guaranteed), list full name: Coach/Instructor _____ Friend/Teammate _____

PARTICIPANT #4 Is the participant currently a Kroc Center Member? YES NO

Name: First _____ Last _____ Gender MALE FEMALE
Date of Birth _____ Age _____ If Applicable: Grade _____ School _____

Class Selection(s) / Activity Name	Start Date	Day(s) / Time	Fee

Coach/Instructor or Player Requests (not guaranteed), list full name: Coach/Instructor _____ Friend/Teammate _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Name: First _____ Last _____
Street Address _____ City, State, Zip _____
Home Ph. _____ Cell _____ Work _____
E-mail Address _____

If participants are currently Kroc Center Members, what name is the primary membership under: _____

ADMINISTRATIVE USE ONLY

DATE RECEIVED:

INITIATED BY (Staff Name):

METHOD OF PAYMENT CASH CHECK Gift Card/Kroc Bucks
 CREDIT CARD (CIRCLE ONE: Mastercard, Visa, Discover)

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EMERGENCY CONTACT INFORMATION (required for all youth participants)

Primary Contact: Parent/Guardian

SAME PARENT/GUARDIAN INFORMATION AS LISTED ON THE FRONT SIDE

Name: First _____ Last _____

Home Ph. _____ Cell _____

Secondary Emergency Contact:

RELATIONSHIP _____

Name: First _____ Last _____

Home Ph. _____ Cell _____

MEDICAL INFORMATION

Does the participant have any medical condition of which the instructor should be aware? (*Asthma, diabetes or suffers from seizures.*)

Yes No

If yes, please list _____

PROGRAM REFUND POLICY

Cancellations due to low attendance may receive a full refund or transfer of fees into a future session. Weather-related cancellations within a session may or may not be rescheduled based on the available schedule. No refunds will be issued for weather-related cancellations.

Cancellations requested after registration will be subject to a 15% refund processing fee unless fees are transferred to a future session or another program. If the program has already started, refunds will be prorated based on remaining unattended sessions plus the 15% refund processing fee. Please contact the department Program Manager overseeing the session to request a refund and start the process.

PHOTO NOTICE

Photos and/or video footage are sometimes taken during events and activities. By entering our facility, you agree to allow The Salvation Army Kroc Center to use the images in print, digital or web-based formats for promotional and archival purposes for which you will not be compensated. If you do not wish your likeness to be used in this manner, please inform the photographer. Thank you.

LIABILITY WAIVER

I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury, property damage, or exposure to infectious disease 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 right (and/or the right of the minor(s) for whom I sign) to make any claim against The Salvation Army Kroc Center, its agents, employees and volunteers, including the right to sue them, for bodily injury, illness, 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. If the Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the Ray and Joan Kroc Corps Community Center (RJKCCC). By signing this document, I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCCC.

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

Your Name (please print) _____

Signature _____ Date _____

Parent/Guardian Signature

(If under 18 years of age) _____

DONATIONS

Please help us provide opportunities to those in need. With your generous donation we can send a youth to Summer Camp, give a teenager a safe place to come with a membership, sponsor art or swimming lessons or give a child the opportunity to take music lessons.

**YES! I would like to help
with a donation of**

\$ _____.

Thank you for your support!