

Program Enrollment Form

Use this form to sign-up for classes, programs, leagues and teams.



RAY & JOAN

KROC
CORPS COMMUNITY CENTER
QUINCY, IL

STEP 1: MEMBER/GUEST INFORMATION

PARTICIPANT NAME (FIRST, MIDDLE, LAST) _____

BIRTHDATE _____ AGE (If under 18) _____ T-SHIRT SIZE (If applicable) _____

PARENT/GUARDIAN(S) NAME IF APPLICABLE: _____

ARE YOU A MEMBER? ☐ YES ☐ NO ☐ GOLD ☐ SILVER ☐ EMPLOYEE MEMBER# _____

STEP 2: CONTACT INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ MALE ☐ FEMALE EMAIL: _____

HOME PHONE _____ CELL _____

LIST ADULT(S) AUTHORIZED TO PICK-UP CHILDREN: _____

STEP 3: CLASS INFORMATION

SIGNING UP FOR: ☐ PROGRAM/CLASS ☐ SPORTS LEAGUE/TEAM ☐ CAMP

CLASS NAME	CLASS DATE	CLASS TIME	FEE \$
TOTAL			\$

STEP 4: PAYMENT INFORMATION

☐ I AM PAYING WITH CASH/CHECK CHECK # _____ ☐ CHARGE MY CREDIT CARD ☐ VISA ☐ MASTERCARD

LIABILITY WAIVER

By signing this Enrollment Form, I (we) agree to the following: (1) Participants will abide by the terms of this Agreement at all times during the period of participation and will comply with all rules and regulations posted or otherwise communicated to participant, (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the participant's expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the enrollment of any participant who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case participant will not be entitled to a refund of fees, (4) Program enrollment is not transferable, and (5) **grant permission for The Salvation Army Kroc Center to make visual recordings 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. 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.

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 participant poses an unreasonable risk of harm to its patrons, staff, or visitors.

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 signature on this document, I represent to The Salvation Army, that neither I, nor any of my guests, which may from time to time attend the RJKCCC are to my knowledge 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 my knowledge of the registered sex offender status for myself or any of my guests who may from time to time seek admittance at the RJKCCC pursuant to this Agreement.

PARTICIPANT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

YADI YOUTH SURVEY

This fall, our Kroc Center will be surveying our youth. We are giving this survey in order to look at the strengths and supports that our youth have and need in their lives, as well as outcome areas such as: school success, civic engagement, avoiding violence, hopeful purpose, and positive emotions. This survey will help our Kroc Center work with you to ensure that young people in our community have the opportunities they need to be successful in life. The survey focuses on young people's own perceptions of their strengths. It does not ask more sensitive questions about potential high-risk behaviors.

On average, the survey takes less than 20 minutes to complete. Youth are told that their participation is voluntary and that they can skip items if they so choose. In order for your child to participate in the study, we must receive your signed consent. The form below allows you to say yes or no to your child's participation. Please give serious consideration to this request. The value of a survey of this kind depends upon the participation of many youth.

☐ Yes, I give permission for my child to participate in the Developmental Assets & Life Experiences Profile survey.

☐ No, I do not give permission for my child to participate in the Developmental Assets & Life Experiences Profile survey.

CHILD'S NAME (PLEASE PRINT): _____ DATE: _____

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT INFORMATION

NAME _____

RELATIONSHIP _____

CELL PHONE _____

ALTERNATE PHONE _____

SPECIAL ACCOMMODATIONS

PLEASE LIST IF APPLICABLE: _____

INTERNAL USE ONLY

DATE _____

BY WHO _____

NOTES _____