

# KROC REACH ENROLLMENT FORM



**KROC**  
MEMPHIS

## PARTICIPANT INFORMATION

PARTICIPANT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PARTICIPANT NAME 2: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PARTICIPANT NAME 3: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN(S) NAME: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

## PROGRAM PARTICIPANT PHOTO and ART WORK RELEASE WAIVER

I irrevocably grant to The Salvation Army, its agents or employees, full and unlimited right, permission and consent to use any and all photographs of me taken at The Salvation Army Ray and Joan Kroc Corps Community Center for any lawful purpose including in any advertising, publicity, display, publication or media, and I waive any and all claims against The Salvation Army arising out of such use. I agree that The Salvation Army may use such photographs of me with or without my name and for any lawful purpose including, for example, such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above statement:

Printed name of the participant(s): \_\_\_\_\_

Signature of participant(s): \_\_\_\_\_  
\_\_\_\_\_

Signature, parent/guardian: \_\_\_\_\_

(if participant is under age 18)

## LIABILITY WAIVER

By signing this document, I (we) agree to the following terms: In case of illness or accident, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at my expense. The Salvation Army Kroc Center 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. The Salvation Army Kroc Center 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 The Salvation Army Kroc Center. I understand and agree that I am relinquishing the rights and the rights of my estate or heirs to make any claim of any nature 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 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.

Printed name of the participant(s): \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of participant(s): \_\_\_\_\_

Signature, parent/guardian: \_\_\_\_\_

## MEMBERSHIP INFORMATION

MEMBER

ID # \_\_\_\_\_

## SIGN OUT PREFERENCE

(CHECK ONE THAT APPLIES:)

Participant is allowed to sign him/herself out.

[OR]

Participant must be signed out by guardian.\*

\*If participant must be signed out by guardian, list authorized guardians below:

# HEALTH AND YOUTH ENROLLMENT



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## EMERGENCY & PICKUP CONTACTS

NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHECK ALL THAT APPLY:  EMERGENCY CONTACT  GUARDIAN  AUTHORIZED FOR PICKUP

NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHECK ALL THAT APPLY:  EMERGENCY CONTACT  GUARDIAN  AUTHORIZED FOR PICKUP

NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHECK ALL THAT APPLY:  EMERGENCY CONTACT  GUARDIAN  AUTHORIZED FOR PICKUP

## HEALTH INFORMATION

IMMUNIZATIONS UP TO DATE?  YES  NO  EXEMPT TETANUS: \_\_\_\_\_ (MM/YY)

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

MEDICATIONS (NAME & PURPOSE): \_\_\_\_\_

DIETARY RESTRICTIONS: \_\_\_\_\_ ACTIVITY RESTRICTIONS: \_\_\_\_\_

HEALTH HISTORY: \_\_\_\_\_

PLEASE LIST ANYTHING ELSE WE SHOULD KNOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECK ALL THAT APPLY:

- ASTHMA  BEHAVIORAL CHALLENGES  CARRIES INHALER  CARRIES EPI-PEN  DIABETES  
 EPILEPSY  INSECT STING ALLERGY  PENICILLIN ALLERGY  SPECIAL NEEDS