

# The Salvation Army Ray and Joan Kroc Corps Community Center Information Form

Office Use: Bar Code # \_\_\_\_\_ Date: \_\_\_\_\_ Employee: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (Home) \_\_\_\_\_ Birthdate (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list any applicable medical restrictions: \_\_\_\_\_

**Name: ( Spouse and all dependents)**

	Sex M/F	Birthdate
1.		/ /
Medical Restrictions:		
2.		/ /
Medical Restrictions:		
3.		/ /
Medical Restrictions:		
4.		/ /
Medical Restrictions:		
5.		/ /
Medical Restrictions:		
6.		/ /
Medical Restrictions:		

For Youth only: Guardian/Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian/Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Agreement**

By signing the end of this document I(we) agree to the following terms:

1. In case of illness or accident, I give my consent for 911 to be called and allow my information to be given to responders. I understand that The Salvation Army Kroc Center securing emergency medical treatment is at my expense. I understand participation in activities are at my own risk and in the event of an injury, The Salvation Army Kroc Center's third party medical insurance will not cover said injury.
2. The Salvation Army Kroc reserves the right to dismiss any guest who does not show respect for the facility, including but not limited to: staff, property, equipment, policies, and other guests. Guests who are dismissed will not be given a refund. I also agree to reimburse The Salvation Army Kroc Center for any lost or damaged equipment and/or property.
3. THE SALVATION ARMY KROC CENTER ASSUMES NO RESPONSIBILITY FOR PERSONAL PROPERTY. By signing this I hereby waive any and all claims against the Salvation Army Kroc Center.
4. I hereby grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.
5. I will faithfully abide by the Policies, Rules and Regulations of The Salvation Army Kroc Center, a copy of which can be obtained at the Information desk during regular hours.

Name (print) \_\_\_\_\_ (signature) \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ (signature) \_\_\_\_\_ Date \_\_\_\_\_