



CLASS/PROGRAM ENROLLMENT

* A signature is required on both sides of this form

Ashland

MEMBER/GUEST INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Phone (Home) _____ (Cell) _____ (Business) _____
 Address _____ City _____ St _____ Zip _____
 E-mail _____

Are you a Member? Yes No

Membership Type:

Adult Family Single Parent Family Senior Youth*

CLASS PARTICIPANT INFORMATION

Last Name	First Name	DOB	Gender	Class Name	Session Start Date	Class Day/ Time	Fee
Sample: Smith	Robin	Dec. 05, 1989	F	Karate	Feb. 23, 2011	Wed, 7:00 pm	\$30

For each participant, please list any applicable medical restrictions: _____

Emergency Contact: _____ Phone _____

* Complete for youth attending classes/programs only:

Guardian/Mother's Name: _____ Phone _____

Guardian/Father's Name: _____ Phone _____

Family Physician's Name: _____ Phone _____

RELEASE

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 member 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 their membership fee. THE SALVATION ARMY KROC CENTER ASSUMES NO RESPONSIBILITY FOR PERSONAL PROPERTY. By signing this Class/Program Enrollment form, I (we) hereby waive any and all claims against The Salvation Army Kroc Center. I understand that I am participating in recreation, education and cultural arts activities of The Salvation Army Kroc Center at my own risk and if I am injured, The Salvation Army Kroc Center's third party medical insurance will not cover injury resulting from or aggravated by a preexisting injury or illness. I understand The Salvation Army Kroc Center recommends that all participants in The Salvation Army Kroc Center activities carry their own personal medical insurance that will cover the complete cost of any injury sustained while participating in these activities. 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. Participant hereby agrees to reimburse The Salvation Army Kroc Center for any lost or damaged equipment and/or property.

I will faithfully abide by the Policies, Rules and Regulations of The Salvation Army Kroc Center, I will do my best to live up to them and be a loyal active participant. I understand that my class/program enrollment is nontransferable.

Name(s) - Please print: _____ Date: _____

Signature(s) _____

* Youth participants - Parent/Guardian Signature(s) _____

METHOD OF PAYMENT

Cash (Please no cash via mail) Check Gift Certificate
 Discover Master Card Visa Exp. (Month/Year): ____ / ____ Security Code: _
Card Number: ---

AGREEMENT

All enrollments must be signed below and on the reverse side

By signing below I (we) authorize The Salvation Army Kroc Center to process the method of payment selected above. I (we) warrant that, should the method of payment include a Credit/Bank card, the signature(s) provided below are of the Authorized card holder(s). I (we) understand and will be bound by all terms specified in this entire document including the Terms of Membership, Method of Payment, and Authorization Agreement (when applicable).

Please see the current Program Guide for the full cancellation policy.

Name(s) – Please print: _____ Date: _____

Signature(s) _____

CONTRIBUTIONS TO SCHOLARSHIP FUNDS

Make a contribution to The Salvation Army Kroc Center Scholarship Fund to support positive, values-based programs for children, families and seniors. Your generous gift ensures our ability to continue to provide life-enhancing programs to those who would otherwise be unable to participate.

- Make a one-time gift to positively influence the community for generations to come. \$ _____
- I prefer to be contacted directly to make my gift.

OPTIONAL SURVEY

The following optional information will help us continue to provide programming for community needs.

How did you hear about The Salvation Army Kroc Center?

Friend/Family Flyer Newspaper Radio/Television Other _____

What led to your decision to enroll in this class/program at The Salvation Army Kroc Center?

Cost Activities/Classes/Leagues Offered Quality of the Facility Availability of Childcare
 Convenient Location Friendly Atmosphere Other _____

What Programs are you most interested in?

After-School Art Computer Dance Day Camp Family Programs/ Services
 Sports Roller Skating Soccer Music

Ethnicity:

White/Caucasian African-American Hispanic/Latino Asian/Pacific Islander Somali Native American Other

Household Income:

Less than \$10,000 \$10,000-24,000 \$25,000-49,999 \$50,000-74,999 \$75,000-100,000 Over \$100,000

Are you interested in becoming a volunteer? Yes No Area of interest? _____