



# The Salvation Army Kroc Center Summer Day Camp

## Registration Form *(Please complete one per child)*

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent (s) Name (s): \_\_\_\_\_ Camper lives with (custodial parent): \_\_\_\_\_  
 Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_ Camper's School: \_\_\_\_\_

How did you hear about us?  Friend  Camp Guide/Mailing  Internet  School  Other \_\_\_\_\_

<u>Sessions</u>	<u>Sessions Dates</u>	<u>Sessions</u>	<u>Sessions Dates</u>
Week 1	<input type="checkbox"/> June 7 – 11, 2010	Week 5	<input type="checkbox"/> July 5 – July 9, 2010
Week 2	<input type="checkbox"/> June 14, - 18, 2010	Week 6	<input type="checkbox"/> July 12 – 16, 2010
Week 3	<input type="checkbox"/> June 21 – 25, 2010	Week 7	<input type="checkbox"/> July 19 – 23, 2010
Week 4	<input type="checkbox"/> June 28 – July 2, 2010	Week 8	<input type="checkbox"/> July 26 – 30, 2010

### Membership Information:

**Grades:**  K-2  3-4  5-6 **My child has a:**  Youth Membership  Family Membership  
**Shirt Size:** Youth:  Small  Medium  Large  x-Large

**NOTE:** Space is limited; registration will be accepted on first-come, first-served basis. **No refunds are given unless the program is cancelled by the Kroc Center.**

**Cost:**  Members: \$100.00 per week  Non Members: \$125.00 per week  
 Second Child : \$75.00 per week  Second Child: \$100.00 per week

A \$50.00 registration is required per Household

Register By May 15, 2010 and receive \$25. off your registration fee

### Payment Information:

#### I PREFER MONTHLY PAYMENTS

Will pay with credit card (please fill out information below)

I authorize The Salvation Army Kroc Center to charge my credit card weekly up to 8 weeks as indicated above. This is an automatic withdraw system where payment of weekly balance is regularly charged to the member's bankcard the Friday prior to the following week of camp.

Please charge my:  Visa  Mastercard  Discover Account#: \_\_\_\_\_  
 Name as it appears on the card: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Will pay with EFT (please fill out the information below)

By signing, I give The Salvation Army Kroc Center authorization to deduct weekly payments up to for 8 weeks for summer day camp directly from the listed bank account at my financial institution. I understand that all debits from my bank account will be conducted every Friday prior to the week I am enrolling in summer day camp. This authorization is to remain in full force and effect until the Salvation Army Kroc Center has received written notification from me of its termination or balance is paid in full. Any debt request in process at the time we receive the notice of termination will be completed. Please provide voided check with this application (if applicable).

#### Electronic Funds Transfer (EFT) Information

Name: (of bank account holder) \_\_\_\_\_ Bank Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Transit/ABA# (first 9 digits on check : \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Salvation Army Ray and Joan Kroc Corps Community Center may use the above listed participant's photo for promotional purposes.

Photo Consent  Initial for photo consent

Camper safety is our top priority. Upon condition of the participation of my child in the Salvation Army Kroc Center Summer Day Camp program at 2825 Y Street, Omaha, Ne 68107, I agree to assume the risk for any injuries, including death, that may be sustained by my child/children in connection with the use of said premises. Further, we agree to indemnify, hold harmless, assume liability for and defend The Salvation Army, its trustee, officers, members and agents from all costs and expenses including, but not limited to attorney's fees, reasonable investigative and discovery costs, court costs and any other sums which The Salvation Army, its trustees, officers, members and agents may pay or become obligated to pay for injury, including death, to persons or damage to property resulting from our use of said premises or from our actions or omissions and arising from any cause, including vehicles, except for matters caused by the negligence or willful misconduct of The Salvation Army or its trustees, officers, members and agents while acting within the scope of duties of such relationship to The Salvation Army. I hereby certify that I have the authority to sign this document for the children identified above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Assumption of Risk & Liability Waiver and Health History Form

*(Please complete one per child)*

The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Carries Epi-Pen       |
| <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Carries Inhaler | <input type="checkbox"/> Behavioral Challenges |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin      |  |

Other: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Restrictions on physical activity : \_\_\_\_\_

Name & purpose of any medication: \_\_\_\_\_

Please list anything else that may affect your child's experience at camp.  
(i.e.: moving to new home, divorce):  
\_\_\_\_\_  
\_\_\_\_\_

### Please assess your child's swimming abilities:

- My camper cannot swim
- Beginner
- Assisted swimming with floatation device only
- Able to swim without direct assistance

### Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In a condition of the participation of my child in The Salvation Army Kroc Center's Day Camp program, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of the Kroc Center or anyone acting on its behalf. I further agree to defend, indemnity and hold harmless the Kroc Center, its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in the Day Camp.

**I HAVE CAREFULLY READ THIS LIABILITY AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.**

Parent or Legal Guardian's Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Minor/Camper: Please PRINT

### Emergency Contact & Pick Up Authorization

*( We require 2 emergency contacts other than the parents)*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

People **NOT AUTHORIZED** to pick up my camper:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone: ( ) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_