



(Please complete one per child)

Camper's Name: _____ Date of Birth: _____

My child has a membership: Yes No

Parent (s) Name (s): _____ Camper lives with (custodial parent): _____

Cell Phone #: a) _____ b) _____ Work Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Email: _____ **Camper's School:** _____

How did you hear about us? Kroc Center Program Guide Kroc Center Flyer Newspaper Ad Magazine Ad
 Radio Ad Internet Friend School Other _____

<u>Sessions</u>	<u>Session Dates</u>	<u>Paid</u>	<u>Sessions</u>	<u>Session Dates</u>	<u>Paid</u>
<input type="checkbox"/> Week 1	May 26 – May 29	<input type="checkbox"/>	<input type="checkbox"/> Week 6*	June 29 – July 3	<input type="checkbox"/>
<input type="checkbox"/> Week 2	June 1 – June 5	<input type="checkbox"/>	<input type="checkbox"/> Week 7	July 6 – July 10	<input type="checkbox"/>
<input type="checkbox"/> Week 3	June 8 – June 12	<input type="checkbox"/>	<input type="checkbox"/> Week 8	July 13 – July 17	<input type="checkbox"/>
<input type="checkbox"/> Week 4	June 15 – June 19	<input type="checkbox"/>	<input type="checkbox"/> Week 9	July 20 – July 24	<input type="checkbox"/>
<input type="checkbox"/> Week 5	June 22 – June 26	<input type="checkbox"/>	<input type="checkbox"/> Week 10	July 27 – July 31	<input type="checkbox"/>

<u>Specialty Camps</u>	<u>Session Dates</u>	<u>Paid</u>	<u>Add-On to Camp Kroc</u>	<u>Stand-alone Pricing</u>
<input type="checkbox"/> Woodworking	June 1-5 (10:00am-12:00pm)	<input type="checkbox"/>	<input type="checkbox"/> Add-on \$30	<input type="checkbox"/> Member \$50, Nonmember \$70
<input type="checkbox"/> Swim Camp	June 22-25 (10:00am-1:00pm)	<input type="checkbox"/>	<input type="checkbox"/> Add-on \$30	<input type="checkbox"/> Member \$50, Nonmember \$70
<input type="checkbox"/> Mural Painting Camp	July 6-10 (9:00am-12:00pm)	<input type="checkbox"/>	<input type="checkbox"/> Add-on \$30	<input type="checkbox"/> Member \$50, Nonmember \$70
<input type="checkbox"/> Kids in the Kitchen	July 20-24 (9:00am-12:00pm)	<input type="checkbox"/>	<input type="checkbox"/> Add-on \$30	<input type="checkbox"/> Member \$50, Nonmember \$70

YOU ARE ONLY REGISTERED IN THE WEEK(S) THAT YOU WILL BE PAYING FOR TODAY. FUTURE REGISTRATIONS ARE ON A FIRST COME FIRST SERVE BASIS.

*** Week 6 – June 29 – July 3
 Modified Camp Pricing/VBS WEEK for each child:
 \$62.50 Member \$80.00 Nonmember**

Information:

My child is (check one) Ages: 6 years old 7-8 years old 9-10 years old 11-13 years old

Child's T-shirt Size: Youth: Small Medium Large X-Large **Purchase Extra T-shirts (cost \$11/shirt):** Qty. _____

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.
***Modified pricing for VBS Week ONLY**

Cost: Paid in full before May 1	<input type="checkbox"/> Member: \$125/week <input type="checkbox"/> Add'l Child: \$95/week	<input type="checkbox"/> Nonmember: \$160/week <input type="checkbox"/> Add'l Child: \$130/week
Cost: Paid in full on or after May 1	<input type="checkbox"/> Member: \$140/week <input type="checkbox"/> Add'l Child: \$110/week	<input type="checkbox"/> Nonmember: \$175/week <input type="checkbox"/> Add'l Child: \$145/week

***All camp fees must be paid PRIOR to the start date, for your child to be allowed admittance into camp.**

PLEASE KEEP YOUR RECEIPTS FOR TAX PURPOSES

PLEASE COMPLETE OTHER SIDE!

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 and 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
- My camper is a **beginner**
- Assisted **swimming with floatation device only**
- My camper is **able to swim** without direct assistance

Swimmer safety lessons are included with your registration. Please note that your camper is expected to participate in all swimming activities as part of the Camp Kroc experience unless a written note or verbal conversation has occurred with the camp director. Additional swim lessons are available during the camp day for a fee of \$35 for a 2-week session.

- I grant permission to The Salvation Army Kroc Center Staff to treat my child for minor cuts, scrapes, and bruises. If immediate medical attention is needed or if the severity of an injury cannot be correctly established, parents will be notified immediately. Emergency Medical System (911) will be activated at the discretion of Camp Staff.

Liability Waiver:

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

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, I agree on behalf of myself and my child/children, to indemnify, hold harmless, assume liability for and defend The Salvation Army Kroc Center, its trustee, officers, employees, volunteers, 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 Kroc Center, its trustees, officers, members, employees, volunteers, 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 Kroc Center or its trustees, officers, employees, volunteers, members and agents while acting within the scope of duties of such relationship to The Salvation Army Kroc Center.

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.

I hereby certify that I have the authority to sign this document for the child/children identified on this Registration Form.

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: _____

NAME OF CAMPER: _____

Field Trip Consent

I understand that on occasion camp activities may include short day trips off The Salvation Army Ray and Joan Kroc Community Center grounds. Therefore, I hereby give permission for my child to participate in The Salvation Army Kroc Center activities conducted off the campgrounds with adult supervision.

Signature of Parent/Guardian: _____ **Date:** _____

Photo/Video Consent

I agree to allow The Salvation Army Kroc Center to use and publish for advertising any pictures or videos where the Camper (the minor child for whom I am signing) appear. (Pictures will only be used to promote the Kroc Center.)

Signature of Parent/Guardian: _____ **Date:** _____

Acknowledgment of Kroc Center Code of Conduct

I have read the Kroc Center Code of Conduct and have disclosed below any and all known behavioral issues that may disrupt or interfere with the ability of my child or other children to fully participate in Camp Kroc. I also acknowledge that a child's egregious violation of the Code of Conduct or failure to properly disclose a child's known behavioral issues may result in his or her removal from Camp Kroc.

Does your child have a behavior modification plan at school? Yes No

If so, please describe what works best or list any behaviors we need to be aware of to make Camp Kroc a positive experience for your child.

Signature of Parent/Guardian: _____ **Date:** _____

Camper Statistical Data

Information collected here is used to help obtain scholarships for campers and help us better understand what culture we are serving.

Ethnic Background: Hispanic or Latino Not Hispanic or Latino Unknown

Race:

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Multiracial Unknown

Nationality (where your citizenship resides): _____

Household Size: _____

Household Income: \$ _____ /year