

Youth Ministry Registration Form

Please completely fill out one registration form per child, marking N/A where not applicable.



RAY & JOAN
KROC
CORPS COMMUNITY CENTER
QUINCY, IL

YOUTH INFORMATION

NAME (FIRST, LAST) _____

BIRTHDATE _____ GENDER _____ CURRENT AGE _____

YOUTH'S SCHOOL _____ CURRENT GRADE _____

YOUTH LIVES WITH (CUSTODIAL PARENT) _____ Race _____

WATER SAFE YOUTH IS WATER SAFE YOUTH IS **NOT** WATER SAFE

T-SHIRT SIZE YOUTH SMALL YOUTH MEDIUM YOUTH LARGE YOUTH XLARGE
 ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XLARGE

T-shirts will be given on a first-come, first-served basis. Desired sizes may not be available.

PARENT/GUARDIAN(S) INFORMATION

NAME _____ WORK PHONE _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

NAME _____ WORK PHONE _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

EMERGENCY CONTACT & PICK-UP AUTHORIZATION

We require at least three emergency contacts/adults authorized for pick-up other than the parent/guardian(s) listed above.

NAME _____

RELATIONSHIP _____ PHONE _____

NAME _____

RELATIONSHIP _____ PHONE _____

NAME _____

RELATIONSHIP _____ PHONE _____

ACKNOWLEDGEMENT OF RJKCCC AFTER SCHOOL BEHAVIORAL POLICIES & PHOTO RELEASE

A child's safety is our top priority. Youth are expected to follow The Kroc Center guidelines by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/drugs will result in immediate suspension or expulsion, necessitating removal from the program. In such cases, I or an authorized adult will be responsible for picking up said child immediately.

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

SIGNATURE

DATE

HEALTH INFORMATION

The information provided below will assist our staff in providing the best care for your child.

COMPLETE THE YOUTH MINISTRY MEDS INFO FORM FOR ANY MEDICATION TO BE ADMINISTERED AT YOUTH MINISTRY PROGRAMS.

CHECK IF APPLICABLE OR ALLERGIC:

- Diabetes Epilepsy Carries Inhaler
 Penicillin Insect Stings Carries Epi-Pen
 Asthma Behavioral Challenges

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?

- YES NO

DATE OF LAST TETANUS SHOT _____

SIGNATURE REQUIRED FOR THOSE WHO DO NOT IMMUNIZE DUE TO PERSONAL BELIEFS:

SIGNATURE _____

DIETARY RESTRICTIONS?

OPERATIONS / SERIOUS INJURIES / DISEASES / RESTRICTIONS ON PHYSICAL ACTIVITY?

PLEASE LIST ANYTHING ELSE THAT MAY AFFECT YOUR CHILD'S EXPERIENCE WHILE AT THE KROC (i.e., moving, family trauma, mental health diagnosis, etc.)

YOUTH PROGRAM INFORMATION

Please check the programs listed below your youth is registering for.

PROGRAM	CHECK HERE TO REGISTER	PROGRAM	CHECK HERE TO REGISTER
Camp Kroc: Summer, Mon.-Fri. 8am-5pm, Grades K-6		Kroc Academy: School Year, Mon.-Fri. 2:00pm-5:30pm, Grades K-6	
School's Out Day Camp: 8am-5pm, Grades K-6		Counselor in Training: Grades 7-12	
Youth Music Ensembles: Mon. 3-4:00pm, Ages 8+		Youth Virtual Education: Mon. 3-4pm, Ages 8+	
Corps Cadets: Mon. 4-5pm, Grades 6-12		Creative Ministry: Mon. 5-6pm, Grades 6-12	
K.R.O.C. Kids Moonbeams: We. 2-5pm, PreK-K		Sunbeams/Explorers: Wed. 2-5pm, Grades 1-5	
Girl Guards/Rangers: Wed. 5:30-7pm, Grades 6-12		Teen L.I.F.E.: Fri. 7-8:30pm, Grades 6-12	
Other:		Other:	

Specific program dates listed in the Program Guide and monthly schedule.

PAYMENT INFORMATION

Space is limited; registration will be accepted on a first-come, first-served basis. No refunds are given unless the program is cancelled by The Kroc Center. Please refer to the current Program Guide for complete refund and cancellation policies.

Full Balance

Cash Check # _____

Card Type: Visa MasterCard Discover Other _____

Card # _____ Exp. Date _____

Signature _____ Date _____

ASSUPTION OF RISK & LIABILITY WAIVER

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

In the condition of participation of my child in The Salvation Army's Youth Ministry Program at the Ray and Joan Kroc Corps Community Center, 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 Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army, 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/her participation in the program.

I understand that during the youth ministry programs my child may take part in activities which may require travel in a Salvation Army vehicle. It is my understanding that participating in the programs and recreational or other activities of The Salvation Army is a privilege. Prior to participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general Illinois Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost incurred for medical care.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER 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/Legal Guardian (printed) _____

Signature _____ Date _____