

Kroc Swim Academy



2019

Swim Team Only

Our program has produced State Record holders, individuals who want to improve their swimming prowess, and those who want to have fun in a competitive setting. Prospective members must be evaluated due to limited enrollment.

KSA Team Swimmers must pay:

- Annual Registration (T-Shirt & Cap included): Returning \$100 | New \$120
- USA Swim Team Membership: \$90 unlimited competitions | \$20- 2 meet maximum *Ages 12 and under only
- Kroc Youth Membership: \$15/month
- Monthly Dues:
 - 3 practices/week: \$75/month
 - Unlimited: \$120/month

CHOOSE AGE GROUP & PRACTICE PACKAGE:

Please Choose one of the following:

- Unlimited: \$120/month 3 Practices/Week: \$75/month

Please Choose one of the following:

- USA 8-12 4:30-5:30pm M-F
 USA 13+ 5:30-7:00pm M-F

AGREEMENT FOR MONTHLY CHARGES

My first automatic charge date will be: ____/20/____

I understand that on the 20th of every month I will be automatically charged for the following month's payment.

I understand that I must give notice by the 10th of the month to cancel my monthly Kroc Swim Academy payments before the next charge.

Member Initials: _____

Member Initials: _____

Please Choose One T-Shirt Size:

- | | |
|------------------------------------|-------------------------------------|
| <input type="radio"/> Youth Small | <input type="radio"/> Adult Small |
| <input type="radio"/> Youth Medium | <input type="radio"/> Adult Medium |
| <input type="radio"/> Youth Large | <input type="radio"/> Adult Large |
| | <input type="radio"/> Adult X-Large |

Participant Information:

First, Middle, Last Name: _____ DOB: ____/____/____ Male: ____ Female: ____

Cell Phone: _____ E-mail: _____

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

Parent/Guardian Name: _____ Phone: _____ E-mail: _____

Parent/Guardian Name: _____ Phone: _____ E-mail: _____

Emergency Contact (Name, Phone): _____

WAIVER 2019



PHOTO RELEASE

I certify that I am the age of majority, and having the right to contract in my own name and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and to the extent herein set forth. I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my and my minor's names, signature and likenesses, and any portraits, pictures, photographic prints or other representations of me and/or my minors, or in which any may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with names or fictitious names, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my or my minor's name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Initials_____

LIABILITY WAIVER - I understand that the use of facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage. I agree to assume such risks to me and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center. I understand it is up to me to consult with physicians or other medical professionals to ensure that I and my minors can safely participate in activities and events at The Salvation Army Kroc Center. I understand and agree that I am relinquishing my right and the rights of my estate or heirs to make any claim of any nature against The Salvation Army, its agents, employees, and volunteers. Initials_____

I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCCC. For the safety of all concerned, membership is denied to known registered sex offenders. Initials_____

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non-sufficient funds transaction. Non-payment may result in termination of membership. Initials_____

CANCELLATION POLICY - Membership fees are non-refundable. In order to cancel or make a change to a membership agreement, the Primary Member must fill out a Membership Change Form. If submitted after the 10th of the month, it will not be effective until the end of the following month.

RELEASE AUTHORIZATION - I hereby agree to each of the consents and waivers listed above, including the Liability Waiver, as pertaining to my own or my minor's participation, in functions, activities, special events, and field trips. I hereby certify that I am the parent/legal guardian of all minor children or dependents on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and have executed these releases on (his)/(her) behalf. Initials_____

I understand that this is a legal document. I acknowledge that I have read this document and that I understand the words and language in it.

SIGNATURE _____ DATE _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PRINTED NAME _____