

# Family Pool & Play Pass Application



Please complete this form in full. Verification of home address is required.

## PRIMARY ADULT

NAME (FIRST, M.I., LAST) \_\_\_\_\_ CARD #

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

## SECOND ADULT (IF APPLICABLE – MUST SHARE A RESIDENCE WITH PRIMARY ADULT)

NAME (FIRST, M.I., LAST) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

## CHILDREN (AGE 17 & YOUNGER) TO BE LISTED ON PASS

CHILD #1 NAME (FIRST, M.I., LAST) \_\_\_\_\_

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

CHILD #2 NAME (FIRST, M.I., LAST) \_\_\_\_\_

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

CHILD #3 NAME (FIRST, M.I., LAST) \_\_\_\_\_

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

**NOTE:** A FOURTH CHILD MAY ONLY BE ADDED IF THERE IS NOT A SECOND ADULT LISTED (TOTAL OF 5 PEOPLE)

CHILD #4 NAME (FIRST, M.I., LAST) \_\_\_\_\_

BIRTHDATE (MM/DD/YY) \_\_\_\_\_  MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

## FAMILY POOL & PLAY PASS TERMS

By signing this form, I (we) agree to the following: (1) I, and any guests in my party, will abide by the terms of this agreement at all times the pass is active, and will comply with all rules and regulations posted or otherwise communicated, (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at my expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the pass of any person who fails to comply with any posted rules and regulations or otherwise breaches the terms of this agreement, in which case that person will not be entitled to a refund of dues, (4) Pool & Play Pass rights are not transferable, (5) I grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use, and (6) The Salvation Army reserves the right to change pricing with one month's notice.

**LIABILITY WAIVER** - I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

**COMMUNICATIONS** - By including my email and/or wireless phone number on this application, I am opting in to receive email, text, and SMS messages from the Kroc Center. I understand that I may unsubscribe at any time by following instructions in the message or making a request in writing. The Kroc Center does not share personal information with outside persons/organizations.

## EMERGENCY CONTACT

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_

The Kroc Center encourages participation by everyone. If you or a household member has a special need and would like to participate in a program or use a part of the facility, we are happy to make reasonable accommodations. Please mark the box below to indicate that accommodations are needed for successful inclusion into a program or service in accordance with the Americans with Disabilities Act.

## ACCOMMODATIONS NEEDED

## OPTIONAL INFORMATION

By answering the following questions, you help us develop quality programming and services to fit the needs of our community.

School(s) attended by children in your household:

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Kroc Center?

- WEB SEARCH  DIRECT MAIL
- FLYER  TV
- RADIO  SOCIAL MEDIA
- AT AN EVENT:

FROM A MEMBER:

\_\_\_\_\_

OTHER:

\_\_\_\_\_

## ADMINISTRATIVE USE ONLY

DATE: \_\_\_\_\_ PAID: \_\_\_\_\_

STAFF: \_\_\_\_\_

**PHOTO RELEASE** - I hereby give permission for me or my child to be photographed/videotaped with the possibility of being used in Salvation Army publicity and I give exclusive right to these photos/videos to The Salvation Army and waive all claims of compensation for usage.

**NOTICE** - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations, and a photo of each person entering the Kroc Center is required. If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the The Salvation Army Kroc Center. By signing this document, I represent to The Salvation Army, that neither I, nor any of my guests, are to my knowledge registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose any change in my knowledge of the registered sex offender status for myself or any of my guests who may seek admittance to the Kroc Center pursuant to this agreement.

PRIMARY ADULT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NAME:

POOL & PLAY PASS CARD #: