

GR Kroc Center Team Roster



RAY & JOAN
KROC
CORPS COMMUNITY CENTER
GRAND RAPIDS, MI

Please fill out and return the following roster to the Welcome Desk along with a completed program enrollment form and payment. Forms can also be mailed to:

THE SALVATION ARMY KROC CENTER 2500 S. DIVISION AVENUE, GRAND RAPIDS, MI 49507
Or faxed to: (616) 452.3440

BE SURE TO DESIGNATE ONE PERSON AS TEAM MANAGER. THIS PERSON WILL BE THE CONTACT PERSON FOR THE KROC CENTER AND SHOULD TURN IN THE PROGRAM ENROLLMENT FORMS .

PROGRAM NAME	REGISTRATION NUMBER	SESSION	YEAR
TEAM NAME		TEAM MANAGER/CONTACT PERSON	

ALL PARTICIPANTS MUST READ AND SIGN THE LIABILITY WAIVER

PLEASE INDICATE IF EACH TEAM MEMBER IS A MEMBER (M) OR NON-MEMBER (NM)

LIABILITY WAIVER - By signing this document, I (we) agree to the following: (1) the undersigned member or guest will abide by the terms of this agreement at all times during their visit and will comply with all rules and regulations posted or otherwise communicated to the guest (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the guest's expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the membership/guest status of any member/guest who fails to comply with any posted rules and regulations or otherwise breaches the terms of this waiver, in which case the members/guest will not be entitled to a refund of dues/fees, and (4) membership rights or ones guest status is not transferable.

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 right (and/or the right of the minor (s) for whom I sign) to make any claim against The Salvation Army Kroc Center, 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.

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, or guest generally poses an unreasonable risk of harm to its patrons, staff or visitors.

PHOTO RELEASE - I hereby give permission for my child to be photographed/video taped for the possibility of being used in Salvation Army publicity and I give exclusive right to these photos/video tapes to The Salvation Army and waive all claims for compensation for usage.

	M	OR	NM		M	OR	NM
1. _____	<input type="checkbox"/>		<input type="checkbox"/>	6. _____	<input type="checkbox"/>		<input type="checkbox"/>
2. _____	<input type="checkbox"/>		<input type="checkbox"/>	7. _____	<input type="checkbox"/>		<input type="checkbox"/>
3. _____	<input type="checkbox"/>		<input type="checkbox"/>	8. _____	<input type="checkbox"/>		<input type="checkbox"/>
4. _____	<input type="checkbox"/>		<input type="checkbox"/>	9. _____	<input type="checkbox"/>		<input type="checkbox"/>
5. _____	<input type="checkbox"/>		<input type="checkbox"/>	10. _____	<input type="checkbox"/>		<input type="checkbox"/>

FOR INTERNAL USE ONLY: Payment Received on: _____ Staff Initial: _____

LIST ALL TEAM MEMBERS ON THE ROSTER BELOW. **FIRST NAME** LISTED SHOULD BE THE TEAM MANAGER/CONTACT PERSON FOR THE TEAM .

TEAM MANAGER CONTACT LISTED BELOW:

FIRST	LAST	BIRTHDATE	PHONE
ADDRESS	CITY	ZIP	EMAIL

ADDITIONAL TEAM MEMBERS:

FIRST	LAST	BIRTHDATE	PHONE
ADDRESS	CITY	ZIP	EMAIL

FIRST	LAST	BIRTHDATE	PHONE
ADDRESS	CITY	ZIP	EMAIL

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