



KROC ATLANTA

MEMBERSHIP APPLICATION

Last Name _____ First Name _____ Middle Initial _____

Phone _____ Phone 2 _____ (Business) _____

E-mail _____

Address _____ City _____ St _____ Zip _____

Birthday (Month/Day/Year) ____ / ____ / _____ Age ____ Male Female

Please list any applicable medical restrictions: _____

Emergency Contact: _____ Relationship: _____ Phone _____

Membership Type: Adult (18-61) Family Senior (62 and Over) Youth (12- 17)* Tier: Basic Classic Premium

Table with 3 columns: Name, Gender (M/F), Birthdate. Rows 1-9 for family members.

* Complete for youth membership only: Guardian/Mother's Name, Guardian/Father's Name, Family Physician's Name, and their respective phone numbers.

The following optional information will help us continue to provide programming for community needs.

How did you hear about The Salvation Army Ray and Joan Kroc Corps Community Center?

- Friend/Family Flyer Newspaper Radio/Television Website Marta Bus Announcement Other

What led to your decision to become a member of The Salvation Army Ray and Joan Kroc Corps Community Center?

- Cost of membership Activities/Classes/Leagues Offered Quality of the Facility Convenient Location Friendly Atmosphere Other

What activities are you most interested in?

- After-School Arts Computer Class Dance Day Camp Sports Aerobics Music Theatre Fitness Recreation Other

Ethnicity:

- African-American White/Caucasian Hispanic/Latino Asian/Pacific Islander Somali Native American Other

Household Income:

- Less than \$10,000 \$10,000-24,000 \$25,000-49,999 \$50,000-74,999 \$75,000-100,000 Over \$100,000

Are you interested in becoming a volunteer? Yes No

Area of interest? _____

Make a contribution to The Salvation Army Ray and Joan Kroc Corps Community Center Scholarship Fund to support positive, values-based programs for children, adults, families and seniors. Your generous gift ensures our ability to continue to provide life-transforming programs to those who would otherwise be unable to participate.

- Make a one-time gift to positively influence the community for generations to come. \$ _____
 Give a child an unforgettable week of summer camp (\$125.00). \$ _____
 One year Youth Membership to help engage, encourage and enrich (\$50) \$ _____
 One year Family Membership to provide precious social and family time (\$200)\$ _____
 I prefer to be contacted directly to make my gift.

For Office Use Only
Monthly Annual Scholarship w/Signature

TERMS OF MEMBERSHIP

By signing the end of this document I (we) agree to the following terms: In case of illness or accident The Salvation Army Ray and Joan Kroc Corps Community Center is authorized to secure emergency medical treatment at my expense. The Salvation Army Ray and Joan Kroc Corps Community Center reserves the right to dismiss any member who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of their membership fee. THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER ASSUMES NO RESPONSIBILITY FOR PERSONAL PROPERTY THAT IS EITHER IN OR OUT OF LOCKERS. By signing this application for membership to The Salvation Army Ray and Joan Kroc Corps Community Center, I (we) hereby waive any and all claims against The Salvation Army Ray and Joan Kroc Corps Community Center or its employees. I understand that I am participating in recreation, education and cultural arts activities of The Salvation Army Ray and Joan Kroc Corps Community Center at my own risk and if I am injured, The Salvation Army Ray and Joan Kroc Corps Community Center's third party medical insurance will not cover injury resulting from or aggravated by a preexisting injury or illness. I understand The Salvation Army Ray and Joan Kroc Corps Community Center recommends that all participants in The Salvation Army Ray and Joan Kroc Corps Community Center activities carry their own personal medical insurance that will cover the complete cost of any injury sustained while participating in these activities. I hereby grant permission for The Salvation Army Ray and Joan Kroc Corps Community Center to make visual recordings of all individuals listed on this form for its responsible use. Member hereby agrees to reimburse The Salvation Army Ray and Joan Kroc Corps Community Center for any lost or damaged equipment and/or property. Drugs and alcohol are prohibited on The Salvation Army grounds and inside the facility.

I will faithfully abide by the Policies, Rules and Regulations of The Salvation Army Ray and Joan Kroc Corps Community Center, I will do my best to live up to them and be a loyal active member. I understand that my membership to The Salvation Army Ray and Joan Kroc Corps Community Center is non-transferable. Membership fees are non-refundable.

Notice: In order to promote a safe and secure environment, The Salvation Army Ray and Joan Kroc Corps Community Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons. The Salvation Army Ray and Joan Kroc Corps Community 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.

Please Initial _____

METHOD OF PAYMENT

Money Order Cash (*Please no cash via mail*) None (Scholarship)

Amex Discover Master Card Visa

Insufficient Funds Policy

There is a \$25 charge for each insufficient funds transaction.

This places your membership or enrollment in a course/activity on hold until payment is received.

AGREEMENT – All applications must be initialed above and signed below

By signing below I (we) authorize The Salvation Army Ray and Joan Kroc Corps Community Center to process the method of payment selected above. I (we) understand and will be bound by all terms specified in this entire document including the Terms of Membership and Method of Payment. *Please see the current Program Guide for the full cancellation policy.*

Name(s) – Please print: _____ Date: _____

Signature(s) _____

* Youth membership - Parent/Guardian Signature(s) _____