

Music and Creative Arts Summer Registration Form 2022

Please return this form in person to the Kroc Center at 575 Division Street, Biloxi, MS or scan and email to felicia.bond@uss.salvationarmy.org. This form must be submitted for your student to be fully registered for the Music and Creative Arts Summer Camps.

Student Name _____

Age _____ Gender _____ D.O.B. _____

Parent/Guardian's Name _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact Name: _____

Phone: _____

E-mail: _____

Address: _____

Are you a member? _____

Camp selection: Please fill in selected camps (Pottery Camp, Piano Camp, Encanto Music Camp, or Art Camp)

Program information -

- Students will receive information regarding supplies upon registration.
- Students must be picked up on time if they are dropped off.
- Please sign out with your instructor if you are dropping your student off.
- Students may be required to purchase an instrument, book, or other material to further advance their skill set.
- Students should bring snacks and/or drink if needed.
- Students under the age of 13 are not allowed to be in the building without a parent/guardian unless they are enrolled in a class that is currently taking place.
- Students **will not** be allowed to walk out of the building by themselves without their parent/guardian.

Does the participant have any medical conditions of which the instructors should be aware?

RELEASE AND WAIVER FORM

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.

Member Initials _____

LIABILITY WAIVER – I understand that the use of facilities, equipment, and participation in programs offered by 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 Kroc Center programs. 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 offered by 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.

Member 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.

Member 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.

Member Initials _____

CANCELLATION POLICY - Membership fees are non-refundable. 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.

Member 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.

MEMBER SIGNATURE

DATE

PARENT GUARDIAN SIGNATURE

DATE

PRINTED MEMBER NAME

DATE

By signing this Program Enrollment Form, I (we) agree to the following: program enrollee will always abide by the terms of this agreement during the period of the program enrollment and will comply with all rules and regulations posted or otherwise communicated to enrollee. The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the enrollment of any program enrollee who fails to comply with any posted rules and regulations or otherwise breaches the terms of this agreement, in which case the program enrollee will not be entitled to a refund of dues. Program enrollment rights are not transferable, and grant permission for the Kroc Center to make and visual recordings of all individuals listed on this form for its responsible use.

Liability Waiver: I understand that the use of the facilities and equipment of 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 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 for injury or property damage or any other loss that I might suffer while using the Kroc Center facilities and services including in connection with my participation in off-site activities.

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 Kroc Center reserves the right to consult public sources to determine whether any member, guest, or program enrollee poses an unreasonable risk of harm to its patrons, staff, or visitors and to refuse admittance to any such person.



By signing below, you agree to these terms and understand that enrollment fees are non-refundable.

Signature: _____ Date: _____

Name: (please print) _____

Does the participant have any medical conditions of which the instructors should be aware?
