

Kroc Class/Program Check-In, Check-Out Waiver

FOR CHILDREN AGES 11+



CHILD MEMBERSHIP INFO

(FIRST, MIDDLE, LAST)

DATE OF BIRTH

I give my child (First & Last Name) _____ permission to check himself/herself in and out of Kroc program and classes.

I understand that by signing this form, I agree to the following:

- When my child checks into a Kroc Center class or program, they must abide by Kroc Center rules and policies.
- Once checked out of Kroc Center programming and classes, The Kroc Center staff is free of all liability regarding the safety and well-being of my child.

PARENT/GUARDIAN NAME, PLEASE PRINT

DATE

PARENT/GUARDIAN SIGNATURE

The Salvation Army Ray & Joan Kroc Corps Community Center
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