

# Kroc Personal Training Form



## PARTICIPANT INFORMATION *Please fill out one registration form per participant.*

NAME (FIRST LAST)

EMAIL ADDRESS

ADDRESS

CITY

ZIP CODE

BIRTHDATE

MALE

FEMALE

AGE

EMERGENCY CONTACT PHONE NUMBER:

RELATIONSHIP

## ADDITIONAL INFORMATION

CURRENT HEIGHT AND WEIGHT: HEIGHT:

WEIGHT:

PERSONAL GOALS:

PLEASE LIST CURRENT HEALTH INFORMATION. INCLUDE INJURIES (PREVIOUS & CURRENT), HEART MEDICATIONS (IF APPLICABLE), ETC.

HOW DID YOU HEAR ABOUT THIS PROGRAM?

AT THE KROC CENTER

FAMILY/FRIEND

INTERNET

SD.KROCCENTER.ORG

MAIL

ONLINE SEARCH

SCHOOL

OTHER

## CHECK-IN AND ATTENDANCE POLICY

All sessions must be paid in advance, either as a single session or the purchase of a punch card. Client should check in at Guest Services for each entry and provide my receipt slip to the trainer.

I understand that I must contact the Kroc Center to reschedule/ cancel a session at least 24 hours in advance. Out of respect for our trainers' time, sessions will be marked as used when adequate notice is not provided. Clients may call Guest Services (619-269-1472), send a Live Chat or email [PersonalTrainers@usw.salvationarmy.org](mailto:PersonalTrainers@usw.salvationarmy.org) to communicate a scheduling conflict.

PARTICIPANT INITIALS

DATE

## TRAINING INTEREST

Please check one or more boxes of the types of training you are interested in:

Body Fat Reduction & Weight Loss

Pain Prevention & Stress Management

Post-Injury

Osteosis Prevention

Muscular Strength & Endurance

Sports Specific Strength & Endurance

Pre/Post Natal Exercise

Cardiovascular Conditioning

Youth Sports Conditioning

Accountability

Lifestyle Change

Other: \_\_\_\_\_

## DISCLAIMERS

You agree to use any equipment provided by the Kroc Center in the manner intended and follow all instructions provided by the instructors or staff. Failure to do so may increase the risk of injury.

All meal plans are suggested. We strongly urge you to consult with your primary health care provider before starting any meal plan that could result in increased weight loss and muscle gain.

PARTICIPANT SIGNATURE

DATE

 PLEASE FINISH FORM ON OTHER SIDE

## ACKNOWLEDGEMENT OF RJKCCC BEHAVIORAL POLICIES & PHOTO RELEASE

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, social media, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I 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 my name or a fictitious name, 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 connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of video, 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.

Participant safety is our top priority. The following behaviors are not acceptable in Kroc programs: endangering the health and safety of participants and/or staff members/ stealing or damaging Kroc, facility or personal property/ engaging in any violent behavior including but not limited to hitting, pushing, biting, etc./ leaving the program site or property without permission/ continuing to disrupt the program/ refusing to follow the behavior guidelines or program rules/ use of profanity &/or acting in a lewd manner. I understand that if my child or myself does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/ drugs will result in immediate suspension or expulsion, necessitating removal from Kroc programs. I or an authorized adult is responsible for picking him/ her up immediately.

PARTICIPANT SIGNATURE

DATE

## ASSUMPTION OF RISK & LIABILITY WAIVER

### PARENT/LEGAL GUARDIAN IS REQUIRED TO SIGN AUTHORIZATION AND WAIVER BELOW TO ACKNOWLEDGE UNDERSTANDING AND AGREEMENT OF THE CONTENT.

In a condition of the participation of my child in this program at The Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in this program.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost incurred for medical care.

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. "If the Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the Ray and Joan Kroc Corps Community Center ("RJKCCC"). By signature on this document, I represent to The Salvation Army, that neither I, nor any of my guests, which may from time to time attend the RJKCCC 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 to The Salvation Army any change in my knowledge of the registered sex offender status for myself or any of my guests who may from time to time seek admittance at the RJKCCC pursuant to this agreement."

**LIABILITY WAIVER - Please read this Waiver carefully as it affects your legal rights in the event of an injury, contraction of a communicable disease, infection and/or damage to property.** By signing this document you are representing that you have read, understood and agree to be bound by the Terms of this Waiver. I understand that entry into and use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury, property damage, contraction of a communicable disease and/or contraction of a viral or bacterial infection 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 (or the minor for whom I sign) 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 is giving up) rights to make any claim or file a lawsuit and/or action against The Salvation Army, its agents, employees and volunteers, including, but not limited to, the right to bring a claim against or sue them, for bodily injury, property damage, contraction of a communicable disease and/or contraction of a viral or bacterial infection of any type and/or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

By signing this registration form, I (we) agree to the following: (1) participant and any guests in his/her party will abide by the terms in this Agreement at all time during the period of enrollment and will comply with all rules and regulations posted or otherwise communicated, (2) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the enrollment of any participant who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case participant will not be entitled to a refund of fees, and (3) enrollment is not transferable.

**I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.**

PARTICIPANT SIGNATURE

DATE

## OPTIONAL INFORMATION

*Thank you for providing the following information. This helps us develop quality services and programming that fits the needs of the local community. Your information allows the Kroc Center to secure more grant funding and remains anonymous*

### 1. HOUSEHOLD INCOME

\$0-\$32,000	\$32,000-\$55,000
\$55,000-\$75,000	\$75,000-\$100,000
\$100,000+	DECLINE TO STATE

### 2. HOUSEHOLD ETHNICITY

AFRICAN-AMERICAN  
ASIAN/PACIFIC ISLANDER  
HISPANIC/LATINO  
NATIVE AMERICAN  
MULTI-RACIAL  
WHITE/CAUCASIAN  
DECLINE TO STATE  
OTHER