

● PAYMENT OPTIONS

The goal of The Salvation Army Kroc Center is to provide convenient payment methods. Please review the payment methods and terms below, and choose your payment options.

● STEP ONE - Select your payment frequency

I prefer one annual payment per year

Member pays for twelve (12) months of membership in **one** annual payment via the payment type selected below.

Member Initials: _____

I prefer 12 monthly payments per year

Member pays for twelve (12) months of membership on a monthly basis via the payment type selected below.

Member Initials: _____

● STEP TWO - Select your payment type

EFT (Electronic Fund Transfer): Provide a voided check and payment with this application. Transfers are made the 20th of the month.

Name (of account holder)
Bank Name
Transit / ABA # (9 digits)
Account #
Signature _____ Date _____

CREDIT CARD: Credit Card will be charged the 20th of the month.

Visa Master Card Discover

Name (on card)
Billing Address
Card Number
Expiration Date (mm/dd/yyyy)
Signature _____ Date _____

CASH / MONEY ORDER: Payment due 1st of the month \$ _____

For Members choosing to pay monthly by Electronic Funds Transfer or Credit Card: By signing, I give The Salvation Army Kroc Center authorization to deduct monthly payments directly from the account listed above. I understand that all withdrawals will be made on the 20th of each month regardless of date joined. **This authorization is to remain in full force and effect for one year. Then it will automatically renew monthly until The Salvation Army Kroc Center receives written notification from me of its termination.** Any credit card or debit request in process at the time the notice of termination is received will be completed.

Member Initials: _____

For membership pricing, please see our website at www.camdenkroccenter.org
By signing this Membership Application, I (we) agree to the following: (1) members and any guests in his / her party will abide by terms of this Agreement at all times during the period of membership and will comply with all rules and regulations posted or otherwise communicated to members, (2) in case of illness or injury, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at the member's expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the membership of any member who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case member will not be entitled to a refund of fees, (4) membership rights are not transferable, and (5) a Late Fee will be incurred for payment made after due date.

●KROC ANGEL PROGRAM - SCHOLARSHIP DONATIONS

Help a deserving individual or family in the community reach their potential by donating an amount of your choice to The Salvation Army Ray & Joan Kroc Corps Community Center "Kroc Angel" Scholarship Program. This donation is tax deductible.

Yes, I would like to help. I will make a donation of:

\$ _____ One-Time Gift \$ _____ Per Month

No, I do not want to participate at this time.

Member Signature _____	Date _____
Parent / Guardian Signature _____	Date _____
Office Use: Form Completed By: _____	Date: _____

LIABILTY GUIDELINES

LIABILITY WAIVER - I understand that use of the facilities, services and equipment at The Salvation Army Ray and Joan Kroc Corps Community Center (RJKCCC) 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 and the use of all equipment and facilities 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 and the Kroc Center, its agents, employees and volunteers, including the right to sue them for any and all claims for damages for bodily injury or property damage or any other loss that I might suffer while using the RJKCCC facilities, services and equipment except as limited by law. If The Salvation Army has actual knowledge that an individual is a registered sex offender, such individual shall be denied access to the RJKCCC. By signing this document, I represent to The Salvation Army, its agents, employees and volunteers that neither I, nor anyone for whom I shall sign, are registered sex offenders in any legal jurisdiction and that furthermore, I understand that I have an affirmative duty to The Salvation Army and all guests, visitors and other invitees of the Kroc Center to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone for whom I shall sign who seeks admittance to the Kroc Center. I also acknowledge and agree that I shall be responsible for my own actions and conduct while participating in activities and events at the Kroc Center and agree to hold harmless and indemnify the Salvation Army and the Kroc Center for any claims from third parties for damages arising from bodily injury or property damage caused by my intentional or negligent actions or conduct.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT
I acknowledge that I have read this waiver and that I understand the words and language in it. I understand that I am responsible for and/or my minor child's welfare and supervision.

Member Initials: _____

SECURITY - 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.

Member Initials: _____

ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non - sufficient funds transaction. This places your membership on hold until payment is received.

Member Initials: _____

AUTHORIZATION RELATING TO A MINOR OR INDIVIDUAL UNDER LOCAL GUARDIANSHIP - I hereby certify that I am the parent/legal guardian of any dependent identified on this form.

Member Initials: _____

RELEASE AUTHORIZATION - I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own or my minor's participation, in all functions, activities, special events, programs, and field trips.

Member Initials: _____

CANCELLATION POLICY - All memberships except Day Pass Membership are considered annual memberships. Membership fees are non-refundable. In order to cancel after one year 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. If I wish to cancel my membership during the first year, I agree to pay an early cancellation penalty equal to one (1) monthly payment.

Member Initials: _____

PHOTO RELEASE - I hereby grant The Salvation Army, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

Member Initials: _____

INVESTIGATION AND ASSUMPTION OF RISK - Participant understands and agrees that participating in or being present at or around the Activity may create predictable and unexpected risks of serious physical or mental injury or death. These risks may include, but are not limited to: sprains; strains; fractures; damage to the head, face or body; emotional distress; flesh wounds; muscular skeletal injuries; cosmetic injuries; emotional or physical distress; cuts; abrasions; penetrations; paralysis; foreign objects in the eye; amputations; permanent disabilities; and other serious injuries or death (collectively "risks"). Participant acknowledges that Participant has investigated and evaluated the risks and has made a voluntary and informed decision about becoming involved in the Activity. This decision is based upon Participant's independent investigation and knowledge and not the representations of The Salvation Army. Participant understands that the nature and severity of the risks may be affected by Participant's own physical and mental skills and abilities, the action or inactions of The Salvation Army or the participants, the relative skill required or competitiveness of the Activity taking place. These risks may not be readily foreseeable or under the control of The Salvation Army or the Participants. Participant acknowledges that Participant is mentally and physically ready to participate in the Activity. Participant agrees to continuously assess whether Participant can safely participate in the Activity. If Participant receives any advice or instruction from The Salvation Army or the Participants, Participant acknowledges that Participant is solely responsible for evaluating the information and choosing how to act upon it.

Member Initials: _____

Safety: Participants assume the responsibility to obtain and use all protective equipment that may be reasonably appropriate to ensure safe involvement in the activity. In some cases, Participant may be required to travel to and from the site of the activity. If at any time Participant believes that participating in the Activity would be unsafe, whether due to participant's physical or mental condition, skills, abilities, the location, conditions, circumstances of the Activity, or the conduct or potential conduct of the participants, Participant will immediately discontinue engaging in the Activity.

Member Initials: _____

This is a waiver and release of liability. DO NOT "SUBMIT" if you: a) Have not carefully read this entire Release; b) Do not understand any part of the Release; c) Need additional time to evaluate or consider this Release; d) Do not agree to be bound by every term of the release.

Member Initials: _____



**Camden Kroc Center
Membership Information**

MEMBERSHIP INFORMATION

Membership Type	Kroc	Kroc Plus
Household up to 4 people At least 1-2 adults living in a household plus others living in the same household up to a maximum of four people are eligible for household membership. Verification of residency may be required.	\$269 per year \$25 per month*	\$469 per year \$45 per month*
Household - each additional member beyond 4	\$30 per year \$5 per month*	\$60 per year \$5 per month*
Individual – Adult 18 to 61 years old	\$150 per year \$15 per month*	\$250 per year \$25 per month*
Individual - Senior (62 years of age or older)	\$120 per year \$12 per month*	\$200 per year \$20 per month*
Individual - Full Time Student (15 years of age and older) A full time college or high school student. Academic proof including class schedule and student ID may be required annually.	\$120 per year \$12 per month*	\$200 per year \$20 per month*
Individual plus One Youth (ages 3-14) Youth membership must be purchased by and linked to a current adult (aged 18+) membership account. This price does not include the attached adult membership.	\$50 per year \$5 per month*	N/A

*Membership fees can be paid monthly via recurring credit card charge or electronic funds transfer (bank account debit). Prorated fees will be due at time of enrollment and may vary depending upon enrollment date.

Application Fee	\$35	\$35
Reactivation Fee	\$10	\$10
Pay-As-You-Go - 30 day rate paid in advance		
Household up to 4 people	\$40	N/A
Individual - 18 to 61 years old	\$25	N/A
Individual - Senior (62 years of age or older)	\$20	N/A
Individual - Full Time Student (15 years of age and older)	\$20	N/A

Day Pass Rates - allows access to basic membership areas for one day.

Household up to 4 people	\$25
Individual – 18 to 61 years old	\$10
Individual - Senior (62 years of age or older)	\$7
Individual - Full Time Student (15 years of age and older)	\$7
Youth - up to 14 years old accompanied by a paying adult	\$5

Anyone purchasing a day pass will be required to show photo ID (ages 18+), and complete the basic membership application process.

How do I become a Member?

- 1) Complete the membership application and submit
- 2) Membership completion requires each person to come to The Kroc Center with a photo ID (or birth certificate for children) for identity verification.
- 3) All payments can be made by cash, credit card, or money order.

Kroc Membership includes:

- Free Access to Pools, Gym, Library, Teen & Senior Areas
- Fitness Club Access
- Members Rate for Classes and Programs

Kroc Plus Membership includes:

- Includes all basic Fitness Programs
- Reduced fees for Classes and Programs (see Program Guide for details)
- Free Fitness Assessment
- Early Registration
- 10% off Café Purchases
- Guest and Play Care passes (6 for Household / 4 for Single)
- 10% off Day Camp and Afterschool Fees
- One Free Pizza Coupon for use at one Kroc Center Party



Payment Options

Annual Membership

An annual membership may be paid in full via cash, credit card, or money order. It is good for one (1) year from the original purchase date. If member chooses to cancel the annual membership, they may be reimbursed for the months past cancellation notice less a processing fee and an early cancellation fee.

Monthly Membership

A recurring automatic payment can be applied to a credit card or checking account on the **20th of each month** for the upcoming month. Recurring automatic payments remain in effect until the Kroc Center receives written notification of membership termination or cancellation. **All changes must be submitted in writing by the 10th of the month to take effect the following month. A change fee may be applied.** Membership termination may also occur if recurring automatic payment is declined for two consecutive months.

Pay As You Go

"Pay-As-You-Go" membership is valid for 30 days from the purchase date. Payment for the month is via cash, credit card, or money order.

Day Pass

Single adults may also purchase a one Day Pass. Upon submitting an application and valid picture ID, a payment is due of \$10 per day pass. Payment can be made via cash, credit card, or money order.



Membership Application

(Please Print)

ADULT AND HOUSEHOLD MEMBERSHIP INFORMATION

Use this section for individual and household memberships. All household members must reside with the Primary Member.

PRIMARY ADULT (Person responsible for Payment)

Male Female

Name (First Middle Last)

Primary Phone

Cell

Other

Email

Birthdate

Address

Apt #

City

State

Zip

HOUSEHOLD MEMBERSHIP INFORMATION – To qualify for a household membership, all members must reside in the same household as the primary adult AND all adults must show proof of address. Household Membership includes up to 4 people. Additional household members may be added for a small monthly fee.

#2 HOUSEHOLD MEMBER

Male Female

Name (First Middle Last)

Phone

Birthdate (mm/dd/yy)

Relationship to Primary Member

#3 HOUSEHOLD MEMBER

Male Female

Name (First Middle Last)

Phone

Birthdate (mm/dd/yy)

Relationship to Primary Member

#4 HOUSEHOLD MEMBER

Male Female

Name (First Middle Last)

Phone

Birthdate (mm/dd/yy)

Relationship to Primary Member

#5 HOUSEHOLD MEMBER (Additional)

Male Female

Name (First Middle Last)

Phone

Birthdate (mm/dd/yy)

Relationship to Primary Member

#6 HOUSEHOLD MEMBER (Additional)

Male Female

Name (First Middle Last)

Phone

Birthdate (mm/dd/yy)

Relationship to Primary Member

EMERGENCY CONTACT INFORMATION

Name (First Middle Last)

Primary Phone

Work Phone

Relationship

Other Phone

DATE (mm/dd/yy)

MEMBERSHIP DETAILS

Membership Plan (Select One)

Kroc Kroc Plus PAYGO

Membership Type (Select One)

Household Individual Adult

Indv. Senior 62+ Indv. FT Student

Membership Terms (Select One)

Annual Day Pass
 Monthly

OPTIONAL INFORMATION

This information helps us develop quality services and programs to better serve our local community

1. How did you hear about the Kroc Center?

Email Internet TV Flyer
 Mailing Family/Friend Facebook
 Other

2. Which programs interest you & your family?

Aquatics Dance Soccer
 Music Theater Fitness
 Worship Seniors Day Camp
 Baseball Zumba Softball
 Library Volleyball Computer
 Basketball Rock Climbing
 Afterschool Visual Arts
 Overnight Camp Bible Study
 Other

3. Household Ethnicity

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

4. Are you interested in volunteering?

Yes – Please contact me to sign up.
 Unsure – Please send information.
 No