



MEMBERSHIP APPLICATION

OFFICE USE ONLY	
<input type="checkbox"/> Paid Cash	<input type="checkbox"/> New Membership
<input type="checkbox"/> Paid Check # _____	<input type="checkbox"/> Renewal
Amount _____	Membership # _____
Receipt # _____	Expiration Date _____

MEMBER INFORMATION (PLEASE PRINT. ONLY ONE PERSON PER APPLICATION.)

<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	<input type="checkbox"/> Ms.	First Name _____	Last Name _____	Date _____
Mailing Address _____					Apartment Number _____
City _____		State _____		Zip _____	Home Phone () _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date Mo. ____ Day ____ Yr. ____		Age _____	Work Phone () _____
Emergency Contact _____				Emergency Relation _____	Emergency Phone () _____
Emergency Contact _____				Emergency Relation _____	Emergency Phone () _____

CHILD INFORMATION (IF APPLICANT IS A CHILD, PLEASE COMPLETE THIS SECTION.)

School Name _____	Grade _____	Track: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Father's Name _____	Home Phone (If different than above) _____	Work Phone () _____
Mother's Name _____	Home Phone (If different than above) _____	Work Phone () _____

MEMBERSHIP AGREEMENT

In applying for membership in The Salvation Army - Anaheim Red Shield Center, I agree to the following:

1. I have received and agree to abide by the rules and policies of the Center. (see attached)
2. I hereby approve my child's application for membership in the Center.
3. In consideration of this application and acceptance into the Center, I hereby waive any and all claims against The Salvation Army and the Anaheim Red Shield Center or its employees for any injuries to person or property arising from the use by me or my child of any of the facilities of The Salvation Army - Anaheim Red Shield. I understand that refunds are not given for any reason.
4. I understand The Salvation Army - Anaheim Red Shield is not a licensed childcare facility and therefore the members (regardless of age) are free to leave without staff permission.
5. I do hereby give my consent for the child listed above to participate in all activities of The Salvation Army - Anaheim Red Shield Center. I fully understand that all reasonable precautions for health and safety are taken and that participation in all Center activities is at the child's own risk.
6. In the event of dismissal or voluntary withdrawal, I understand that there will be no refund and memberships are not transferable.

Applicant's Signature (if applicant is a child, Parent/Guardian's Signature) _____

Date _____

MEDICAL RELEASE (IF APPLICANT IS A MINOR)

In case of illness, I wish to be contacted and notified. In case of apparent serious sickness, I wish my child sent to a hospital and skilled medical aid called at once, for which I expect to pay the usual charge. I also desire the Director and staff to do for my child as he/she would for his/her own child.

I understand that all reasonable precautions for health and safety are taken, and participation in all activities is at the child's and my own risk. I will be responsible for any medical expenses incurred by my child.

Authorized for consent to medical or dental care of minor child the undersigned, being the (*relationship to minor*) _____ and the person having legal custody of (*name of minor*) _____ a minor born on (*minor's birthday*) _____ hereby authorizes The Salvation Army, acting through any adult officer thereof, into whose care the said minor has been entrusted, to consent to any X-ray Examination, Anesthetic, Medical or Surgical Diagnosis or Treatment and Hospital Care to be rendered to said minor under the general or special supervision and upon the advise of a physician and surgeon licensed under the provisions of the State Medical Practice Act or to consent to any X-ray Examination, Anesthetic, Medical or Surgical Diagnosis or Treatment and Hospital Care to be rendered to said minor under the general or special supervision and upon the advise of a dentist under the provisions of the Dental Practice Act.

Applicant's Signature (if applicant is a child, Parent/Guardian's Signature)

Date

HEALTH HISTORY (IF APPLICANT IS MINOR)

Ear Infection _____ Hay Fever _____ German Measles _____

Rheumatic Fever _____ Ivy Poisoning _____ Mumps _____

Convulsions _____ Insect Stings _____ Asthma _____

Diabetes _____ Chicken Pox _____ Penicillin _____

Behavior _____ Measles _____ Other Drugs _____

HEALTH HISTORY (ALL APPLICANTS)

Please list any recent surgeries

Please list all Allergies

Please list all medications

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 re-use, 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 name and signature and likeness, and any portraits, picture, photographic print or other representation of me, or in which I may appear, or any reproductions or sketches therefore or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes there in as you in your discretion may make, either separately or statement or testimonials made by me, or authorized 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 name or photograph to the use of any organization or person.

Applicant's Signature (if applicant is a child, Parent/Guardian's Signature)

Date



Center Rules and Policies

The following rules are provided to insure order and safety for all members, visitors, and staff. The Salvation Army - Anaheim Red Shield reserves the right to dismiss any member, guest, or visitor whose conduct is undesirable, or who appears to lack respect for the center, its staff, property, equipment, or rules. In the event of such dismissal, no refund of membership fees will be considered.

1. *Membership cards are required for admittance.*
2. *Respectful and courteous behavior toward members, guests, visitors, and staff is required at all times.*
3. *Rude behavior, swearing, or any other type of profanity is not permitted.*
4. *Chewing gum, smoking, or chewing tobacco is prohibited on the premises.*
5. *Please do not climb on furniture, fences, walls, or other Center property.*
6. *Bicycles must be parked and locked in the bike rack outside the entrance.*
7. *The Center is not responsible for lost or stolen items belonging to members, visitors, or guests.*
8. *Center phones are for business and emergencies only. There are pay phones at Anaheim Plaza.*
9. *Horseplay or wreckless behavior is not permitted.*

The following behaviors are grounds for immediate dismissal and revocation of membership:

1. *Fighting, taunting, and verbal threats.*
2. *Use of alcohol or drugs.*
3. *Vandalism, defacing, or destruction of property.*

***Please help us maintain a safe
environment for all to use.***