



**SHIELD PAYMENT INFORMATION** I AM PAYING WITH CASH/CHECK CHARGE MY DEBIT/CREDIT CARD

If paying by credit card, please present your card to The Salvation Army Siemon Center front desk to be processed. Programs can also be purchased with a credit card online at [www.siemoncenter.org](http://www.siemoncenter.org).

SIGNATURE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**SHIELD CLASS AND PROGRAM CANCELLATION POLICY**

Full payment is expected at the time of enrollment. No cash refunds are given unless the program is cancelled by The Siemon Center. The Siemon Center will determine if a class needs to be cancelled due to low enrollment 48 hours prior to the start of class. If the program is cancelled by The Siemon Center, you will be given a full refund. If you request to cancel your class enrollment five or more days prior to the first class, you will receive a full refund minus a \$2 processing fee or you may choose to transfer to another session if available. Requests made less than five days prior to the start date are not eligible for a refund or credit, except in the case of personal emergencies. No credits or pro-rated credits will be issued for missed days of camp or class due to illness, partial attendance, behavior issues, or any other reason. **I have read and understand the**

**Program Cancellation Policy.** MEMBER INITIALS: \_\_\_\_\_**SHIELD YOUTH TRANSPORTATION WAIVER**

By signing the following, I give permission for my child to be transported on a Salvation Army vehicle or any other vehicle contracted by the Salvation Army to participate in field trips including camp. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver, staff and/or other adult volunteers.

YOUTH PARTICIPANT NAME (IF APPLICABLE) \_\_\_\_\_

PARENT NAME, PLEASE PRINT \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**SHIELD LIABILITY WAIVER**

By signing this document I (we) agree to the following terms: In case of illness or accident The Salvation Army is authorized to secure emergency medical treatment at my expense. The Salvation Army reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. The Salvation Army assumes no responsibility for personal property that is either in or out of cubbies. By signing this Class/Program Enrollment Form, I (we) hereby waive any and all claims against The Salvation Army. I understand that use of the facilities and equipment at The Salvation Army Siemon 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 Salvation Army Siemon 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 them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Siemon Center facilities and services, except as limited by law.

**NOTICE - In order to promote a safe and secure environment, The Salvation Army Siemon Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Siemon 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. The Salvation Army may use the above listed participants photo for promotional purposes.**

NAME, PLEASE PRINT \_\_\_\_\_

DATE \_\_\_\_\_

YOUTH PARTICIPANT NAME (IF APPLICABLE) \_\_\_\_\_

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**SHIELD INTERNAL USE ONLY**

DATE \_\_\_\_\_

BY WHO \_\_\_\_\_

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_