

Special Olympics Northern California 2018 Pleasanton Track & Volleyball Regional Competition

Saturday, May 5, 2018

Amador Valley High School, 1155 Santa Rita Rd, Pleasanton, CA 94566

VOLUNTEER REGISTRATION and CONSENT FORM

**This is a FILLABLE PDF FORM, You may type into the boxes (or) PLEASE PRINT CLEARLY!
(Separate Form for each Adult; Minor Children can be on the same form as adult)**

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|--|-----------------------------|-----------------------------------|
| FIRST Name: | LAST Name: | |
| Address: | City/Zip: | |
| HOME Phone #: | CELL Phone #: | |
| Email: | Age if under 18 (or) Adult: | |
| Position Requested: (1 st , 2 nd choices): | | All Day, AM or PM: |
| FAMILY: Name & Age of Children under 18: | | |
| Notes/Requests (Assign with Friend): | | |
| Group (NCL ,BTC, Boosters, LDS, Team, Club or how did you hear about it) | | Your School: (AV, FH, Hart, etc): |

GENERAL CONSENT (18 YEARS & ABOVE)

I understand that the information I provide in this form may be verified, and I give permission to and authorize Special Olympics Northern California, Inc. ("SONC") to inquire of others concerning my suitability to act as a SONC volunteer. In the course of volunteering for SONC, I understand that I may be dealing with confidential information and I agree to keep that information in the strictest confidence. In consideration for being permitted to volunteer my services for SONC, I hereby agree to accept and assume any and all risks of personal injury, damage, or loss of personal property, and will also release, indemnify, and hold harmless SONC from and against any and all liability or costs, which may arise or result from my volunteer activities for SONC. I understand that the relationship between SONC and its volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or SONC. I also hereby authorize SONC and its agents to use my likeness, voice, and words in television, radio, film, on the SONC website, or in any other form or media to promote SONC and its activities.

(Signature of Volunteer)

(Emergency Contact Phone)

(Date)

PARENTAL CONSENT (FOR MINOR VOLUNTEERS UNDER AGE 18)

I hereby provide my consent for my minor child (as named above) to volunteer for Special Olympics Northern California, Inc. ("SONC"). If my child is under the age of 14, I understand that a parent of my child must be a registered SONC volunteer and present at all times my child is volunteering. In consideration for my child being permitted to volunteer for SONC, I hereby agree to accept and assume any and all risks of personal injury, damage or loss of personal property, and will also release, indemnify, and hold harmless SONC from and against any and all liability or costs, which may arise or result from my child's volunteer activities for SONC. I also authorize SONC, its agents, employees, or representatives, to consent to any x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital supervision, to be rendered to my child upon the advice of a licensed physician, dentist, or qualified medical personnel. I understand that the relationship between SONC and its volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or SONC. I also hereby authorize SONC and its agents to use my child's likeness, voice, and words in television, radio, film, on the SONC Website, or in any other form or media to promote SONC and its activities.

(Signature of Parent or Guardian)

(Print Name of Parent or Guardian)

(Date)

RETURN FORM TO: (EMAIL completed form to avboosters@comcast.net in PDF format)
Mail to: Ken Mano, 4526 Mohr Ave, Pleasanton, CA 94566 (or)