



Volunteer Registration and Release

Volunteer's Name _____

Volunteer's Address _____
(Street address)

(Town) (Postal code)

(Phone #) e-mail address

Birth Date _____ Health Card # _____

Doctor's Name _____ Phone # _____

(Signature of volunteer) (Date)

Parental Consent to volunteer. (For volunteers less than 18 years of age)

I, the undersigned parent or legal guardian of _____ do hereby consent and agree that the above-mentioned volunteer may participate with the South Coast Special Needs Kids sports group. I hereby waive and release any and all right and claim for damages and/or liability I may have against the above organizers and any associations connected with them for any and all injuries suffered by the above named volunteer while participating with this group. It is further agreed that this consent shall remain in full force until such time as it is cancelled in writing by the undersigned.

Parent/Guardian Name _____

(Signature of parent or legal guardian) (Date)