

Volunteer Interest			
I am interested in volunteering as a : <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/>			
Player Information			
Name (First & Last) _____		Date of Birth _____	M F Gender
Home Phone # _____		Cell Phone # _____	
Mailing Address _____		City _____	CA State
Physical Address _____		City _____	CA State
Emergency Contact _____		Primary Phone Number _____	Secondary Phone _____
Would you like to receive information by Email? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email address _____
Health History			
<input type="checkbox"/> I have no known health conditions to note			
Please mark the following conditions that you suffers from or has suffered from:			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> Blood Sugar	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Seizures	<input type="checkbox"/> Eyes	<input type="checkbox"/> Ears	<input type="checkbox"/> ADD/ADHD
			<input type="checkbox"/> Other (must explain)
Please explain all marked items: _____			
Physician _____		Office Phone # _____	Health Ins Co. _____
		Policy # _____	
In an emergency please take me to: SVMH Natividad Mee Memorial			
Shirt Information			
Shirt size <input type="checkbox"/> XS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/>			

Office Use Only	Assignment
<input type="checkbox"/> Completed Fingerprints	Team
<input type="checkbox"/> Coaches Meeting	Info
<input type="checkbox"/> Receieved Team Info	

Waivers

Waiver of Liability: I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependant children which might arise directly or indirectly as a result, and or participation in a City of Gonzales function. . I hereby indemnify, defend and hold harmless the City, its officers, officials, directors, employees and agents from and against any or all loss, liability, expense, claim, costs (including costs of defense), suits, and damages of every kind, nature and description directly or indirectly arising from participation in city sponsored activities. I certify that I am familiar with the contents of this release, that I have and understand the same, and that it is my intention by signing this release that the same be binding not only to me but my heirs, administrators, executors, successors, and assigns.

Consent to Treat: The information is correct so far as I know, and the person described has my permission to engage in all prescribed activities. In the case of sickness or accident, the City of Gonzales has my authority to secure, at my expense, such medical attention as deemed necessary if unable to communicate with me immediately.

Photo Release: I hereby grant the City of Gonzales full rights to copyright, exhibit and publish in any medium including but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken of me and or my child anyplace programs are held by the City of Gonzales.

Parent/Guardian Signature _____ **Date** _____