



COACH/VOLUNTEER REGISTRATION FORM



Last Name:		First:		Phone:	
Address:			City:		State: Zip:
Gender: M F	Social Security #:		Drivers License Number:		
Date of Birth: > -	(MUST BE 18YRS. OLD)	Medical Insurance Carrier:			
Have you ever been suspended from another Organization? Yes No If so, date suspended:					
Length of Suspension:			What Organization:		
Volunteer Position:			Child's Name if participating:		
Have you attended a coaches' certification/training class? Yes No Year(s) attended:					
I am interested in: Head Coach Asst. Coach Other:					
Professional Reference (work, school, church etc.): Name:				Phone:	
Personal Reference (non-relative): Name:				Phone:	

WAIVER, CONSENT AND RELEASE OF LIABILITY:

I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving record and criminal background checks, and reference interviews). I hereby release and hold harmless City of Palatka, its officers, employees and volunteers and any person or organizations that provides information for or to City of Palatka concerning the use of or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with City of Palatka. If accepted as a volunteer, I hereby agree to abide by the City of Palatka program Bylaws, policies, and decisions of City of Palatka.

> There will be a \$23.00 service charge for background checks.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this program may include travel, participation on adverse field conditions, and risk of physical injury or death. For myself and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I hereby release, discharge and agree to hold harmless City of Palatka, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in a anyway related to any injury or other damage that may result to me while participating in this City of Palatka sponsored activity. I acknowledge that City of Palatka does not provide medical insurance of any kind to participants.

DISCLOSURE STATEMENT:

I have read and understand that I may be disqualified and prohibited from serving as a volunteer of City of Palatka if among other things, I have:

- 1) Been convicted (includes crimes of record which have been expunged and pleas of "no contest") of a crime of child abuse, sexual assault of a minor, physical abuse, causing a child's death, neglect of a child. Murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, controlled substance crimes, or any felony.
- 2) Been adjudged liable for civil penalties or damage involving sexual, physical, or verbal abuse of children.
- 3) Been subject to any court order involving any sexual, physical or verbal abuse of a minor, including, but not limited to a domestic or protection order.
- 4) Had parental rights terminated.
- 5) A history with other organizations of complaints of sexual, physical or verbal abuse of minors.
- 6) Resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to a complaint of sexual, physical or verbal abuse of minors.
- 7) A history of behavior that indicates I may be a danger to children in the City of Palatka Program.

I HAVE READ THE WAIVER, CONSENT AND RELEASE OF LIABILITY, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER. I HAVE READ AND AGREE TO ABIDE BY THE City of Palatka SPORTS CODE OF CONDUCT. I FULLY UNDERSTAND THE TERMS OF EACH AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCMENT OF ANY KIND.

Signature: _____ Date: _____

Recreation Manager Signature: _____ Date: _____