



Hamilton Youth Athletics

2016 VOLUNTEER REGISTRATION FORM

Use this form to inform Hamilton Youth Athletics your intention to volunteer for the 2016 Season.

VOLUNTEER INFORMATION (One per form)

First Name	Middle Initial	Last Name	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Email Address	
City	State	Zip	Have you ever been convicted of a crime of violence, crime against a person or a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain: _____	
Home Phone	Cell Phone			
Have you completed concussion training? (A copy must be on file with HYA prior to first practice) <input type="checkbox"/> No <input type="checkbox"/> Yes, Date Completed: _____			I am interested in volunteering for: <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent	
Concussion Completion Code: _____				

SEASON INFORMATION (One per form)

Program <input type="checkbox"/> Spring Soccer <input type="checkbox"/> Fall Soccer <input type="checkbox"/> Baseball <input type="checkbox"/> Softball		Preferred Practice Days <input type="checkbox"/> Monday/Wednesday <input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> No Preference	Shirt Size <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult XX-Large <input type="checkbox"/> Adult XXX-Large
Division	Head or Asst Coach Request (not guaranteed)		
Other Special Requests			

STATEMENT OF UNDERSTANDING & SIGNATURE

To help protect the leagues youth participates and to minimize liability to Hamilton Youth Athletics ("HYA"), please read the following conditions that apply to your service as a volunteer.

- I wish to volunteer my time, effort, and services as a volunteer to assist Hamilton Youth Athletics.
- I have read HYA code of conduct and understand the leagues expectations of me as a volunteer and I promise to uphold them to the highest standard.
- As a volunteer, I donate my time, effort, and services to HYA and understand that I will receive no compensation in return.
- I recognize and understand that my volunteer activities for HYA expose me to the possibility of injury to my person and property and that I may suffer some kind of injury as a result of an accident and other unforeseen circumstances.
- I recognize that as a volunteer, I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services as a volunteer.
- Despite this risk of injury and lack of workers compensation or other medical insurance coverage from the league, I knowingly and voluntarily waive any and all claims, actions, or causes of action against the HYA. Recognizing the possibility of physical injury associated with soccer and in consideration for HYA accepting me as a volunteer for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify HYA, its board members, affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and/or all claims as a result of volunteering in the Programs.
- I recognize as a volunteer, that photographs are taken during league activities. I grant HYA the right to take photographs of me and my family during the season. I agree that HYA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I also grant permission to HYA to publish these photographs to their Facebook, Twitter, Instagram, or any other social media that is identified on their website.
- I understand that HYA provides equipment necessary for practices and games. All equipment provided to coaches for use during the season is considered property of HYA and must be returned to HYA within 2 weeks of the season ending. The coach may purchase equipment beyond what HYA provides and those items will remain part of the coach's inventory.
- I understand that I may be provided personal contact information for HYA participants and that it is my responsibility to maintain confidentially. Additionally, I acknowledge I will not use the information for personal benefit or for contacting participants outside of HYA business.
- In return for my agreement to these conditions, HYA agrees to review my request for services as a volunteer.

Volunteer Acknowledgement

As a condition of volunteering, I acknowledge that I have never been convicted, suspected, nor am I under current investigation for any criminal activities relating to sex offenses, kidnapping, or child abuse. I understand that I am subject to a background check and provide HYA the permission to conduct the check as they feel necessary. This check may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the HYA, the board officers, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HYA is not obligated to appoint me to a volunteer position. I understand that I can be removed from any volunteer position by the HYA board officials at any time for violation of the leagues policies, code of conduct, or principles.

Name Volunteer Signature Date

FOR HYA ADMINISTRATIVE OFFICE PURPOSES ONLY

Background Check Date	Concussion Training Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Received By
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