



Gliding Stars of Findlay Volunteer Registration 2009-2010 Season

Please print and complete all items.

On Ice Volunteer Information:

Name: _____
(First) (Middle) (Last)

___ Male ___ Female Date of Birth: _____

Street: _____

City/State: _____ Zip: _____

Phone: _____

E-mail: _____

Phone number for receiving text messages:

On Ice Volunteers must provide their own skates.
(Please let us know what kind of skates and the size you will be wearing.)

___ Figure Skate ___ Hockey Skate

Please rate your skating level:

___ Beginner ___ Intermediate ___ Advanced

How many years have you volunteered for us? _____

If you are younger than 18 years of age, please also complete items below:

Parent/Guardian Name: _____

Address (if different from Volunteer's address above): _____

Phone: _____

E-mail: _____

Parent/Guardian Emergency Contact / Phone: _____

Volunteer's School: _____

School Grade: _____

Have you ever been convicted of a crime?

___ Yes ___ No

If yes, Date: _____ Jurisdiction: _____

Chapter Information **Gliding Stars of Findlay**

P.O. Box 1561

Findlay, OH 45839

TEL: 419-423-4536

Email: findoha@glidingstars.org

Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of volunteers who are under age 18 and/or require such additional permission.)

I agree [give my permission for the volunteer listed on this form] to voluntarily assist Gliding Stars in weekly adaptive ice skating sessions and the Ice show at the conclusion of the program season, and to cooperate fully with those in charge of each session or event.

I agree [give my permission for the volunteer listed on this form] to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Gliding Stars published materials or in other ways for the enhancement of the Gliding Stars program.

I understand [on behalf of the volunteer listed on this form] that ice skating involves some physical risk.

NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

Volunteer Signature (if 18 or older)

Parent/Guardian Name (if volunteer under age 18)
(please print)

Parent/Guardian Signature (if volunteer under age 18)

Date

 ★
 ★ **Please include your shirt size below:** ★
 ★ Children ★
 ★ ___ XS ___ S ___ M ___ L ___ XL ★
 ★ Adult ★
 ★ ___ XS ___ S ___ M ___ L ___ XL ___ XXL ★
 ★
 ★ Height _____ Weight _____ ★
 ★
 ★*****



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Date

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For Gliding Stars Chapter Use Only:

Rink
 _____ Rink Assistant
 _____ Skate Room
 _____ Equipment
 _____ Other Table (please specify) _____

Event
 _____ Ice Show _____ Basket Raffle

Costumes
 _____ Alterations
 _____ Hand Sewing
 _____ Machine Sewing

Other (please specify)
