





# Gliding Stars Volunteer Registration

Please print and complete all items.

## Off Ice Volunteer Information:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Permanent Address (if different from above)

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 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: \_\_\_\_\_

### Gliding Stars Chapter Notes:

**Chapter Information**  
**Gliding Stars of Rochester**  
1900 Empire Blvd. #261  
Webster, NY 14580-1993  
(585) 503-2654  
Email: rocnya@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 various activities or events as I choose ("Activity"), and to cooperate fully with those in charge of each activity or event that are part of the Activity.

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 and I assume all risk for property damage, personal injury or death to the skater as a result of or in connection with the Activity and my and the skater's use of the Property.

I agree [on behalf of the volunteer listed on this form] to indemnify, defend, and hold harmless the Gliding Stars from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or my use or use by the skater of the Property.

**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 \_\_\_\_\_