



## Volunteer Registration Form 2018 – 2019

<b>Last Name:</b>	<b>First Name:</b>	<b>Date of Birth:</b>
<b>Gender:</b> ___ Male ___ Female	<b>Involvement with Gliding Stars:</b> ___ Years Volunteering with Gliding Stars ___ New This Year (Welcome to Gliding Stars!)	
<b>Address:</b>		<b>City:</b>
		<b>Zip Code:</b>
<b>Email:</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>

Do you give Gliding Stars permission to text you about emergency cancelations and upcoming events?  Yes  No  
Number(s) to text: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact #1	Emergency Contact #2
Name:	Name:
Relationship Volunteer:	Relationship to Volunteer:
Address:	Address:
City/Zip:	City/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:

### How would you like to help? (Please check all that apply)

On Ice	Off Ice
<b>Please indicate skating level:</b>	___ Skate Room Help
___ Beginner	___ Front table check in at rinks
___ Intermediate	___ Event Help
___ Advanced	___ Fundraising
	___ Sewing – please indicate skill level
	___ Advanced ___ Intermediate ___ Beginner

**Volunteer Information:**

Place of Employment / School:
Position / Grade:
Address of Employer / School District:
Does your company have a volunteer incentive program that gives money to organizations based on the amount of hours volunteered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a matching gift program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you need documentation of hours volunteered for community service? <input type="checkbox"/> Yes <input type="checkbox"/> No

**If you are under the age of 18, please complete the following Parent/Guardian Information:**

Parent / Guardian Name:		
Street Address: (if different than volunteer's):		
City:	Zip Code:	Cell Phone:
Email:		

**Agreement/Permission Statement:**

*(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission.)* I agree *[give my permission for the skater listed on this form]* to participate with Gliding Stars in weekly adaptive ice skating sessions and the Ice show at the conclusion of the program season ("Activity"), and to cooperate fully with those in charge of each session or event that are part of the Activity. I agree *[give my permission for the skater 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 skater 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 skater 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**

Skater Name (please print): \_\_\_\_\_ Parent/Guardian Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Skater Signature (If 18 or older): \_\_\_\_\_ Parent/Guardian Signature (If under the age of 18) \_\_\_\_\_