

Volunteer Registration Form:

All Volunteer Registration Forms must be completed and received by Friday, September 17, 2010 in order to participate. Please submit completed forms to:

4101 Easton Drive, Bakersfield, CA 93309, Attn: League of Dreams Coordinator

Last Name:		First Name:	
Street Address:			
City:		State:	Zip:
Home Phone #:		Cell #	
Employer/School:		Work/School Phone #	
Date of Birth:		Age**:	Shirt Size:

***If under the age of 18, parent/guardian consent is required (see next page: Parental Consent)*

Please indicate an area in which you would like to volunteer:

1) "Tryout" days – TBA

- Pediatric Licensed Therapists to assess and categorize participants
- ATC(s) and Aide(s) on site for First Aid Booth

2) Opening Day and remainder of Season

Please Note: The following positions **require commitment to each Sunday** during the season (September 26, October 3, 10, 17, 24 and November 7)

- Team "Mom" or assistant to Team Mom
- Team Coach or assistant to Team Coach (Note: Team Coach will be subject to fingerprinting)
- "Angel" (Assigned Player Assistant)

3) Other positions available:

Please indicate which Sundays you will be available (circle)

September 26 October 3 October 10 October 17 October 24 November 7

Please mark your area of interest:

- Scorekeeping Officiating Information/Check In Booth
- First Aid Booth (At least one ATC required with assistance as need be)
- Refreshment Booth Wherever I am needed ☺

Volunteer Registration Form (cont.)

Last Name:		First Name:	
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Parent/Guardian Information (if participant is under the age of 18)

Last Name:		First Name:	
Street Address:			
City:		State:	
		Zip:	
Home Phone #:		Work #	
		Cell #	
Relation to Participant:			

AGREEMENT, WAIVER AND RELEASE

I understand the risks involved in participation in the *League of Dreams* activity(ies) for which I/we are registering and in consideration for being permitted by the organization to participate in the *League of Dreams* activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity(ies). This release is intended to discharge in advance the *League of Dreams* (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity(ies), even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity(ies) involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks (to include but not limited to exposure to participants prone to biting, physical outbursts and/or aggressive tendencies, etc). It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons and entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity(ies).

PARENTAL CONSENT:

(MUST be completed and signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my son/daughter participate in the *League of Dreams* activity(ies) and I hereby execute that above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity(ies). I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity(ies).

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE *LEAGUE OF DREAMS* AND I SIGN IT OF MY FREE WILL.

Signature (Participant or Parent/Guardian, if minor)

Date

Name (printed: Participant or Parent/Guardian, if minor)

Relationship to Participant (if minor)

Note: *League of Dreams* does not provide medical-accident insurance for participants.