



Volunteer Coach Registration Form

Please consider acting as a volunteer coach for the Frankfort Park District Indoor Flag Football League. No experience is necessary but all coaches must be available for one scheduled practice during the week and one game on Saturday morning or afternoon. Coaching in this program will give you the opportunity to teach the participants football skills along with the importance of teamwork and sportsmanship.

If you are interested in acting as a volunteer coach please fill out the form below and return it to the Founders Center, 140 Oak Street

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Participant Division (Circle One) 1st-2nd 3rd-4th 5th-6th 7th-8th

Please list participants name: _____

Is there someone with whom you would like to coach? _____

Coach Shirt Size _____

Coaches will then have one practice and one game per week. The Frankfort Park District believes in equal playing time for everyone and we expect the coaches to follow this philosophy.

Thank You! Your assistance will help make this program a success.

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment or coaching status with Frankfort Park District (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment or coaching purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect Youth Sports, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-877-319-5587. For information about Active Screening, Inc.’s privacy practices, see www.activescreening.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Birth Date: _____

Print Name: _____ SSN: _____

Gender: M - F License #: _____ State: _____



VOLUNTEER WAIVER & RELEASE

IMPORTANT INFORMATION

The Frankfort Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Frankfort Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that the Frankfort Park District carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the Frankfort Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer service.

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the Frankfort Park District, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims

By signing this form, I certify, under oath, that I have never been convicted of a child sex offense or found to be a child sex offender.

PLEASE PRINT: Volunteer's Name _____

Volunteer's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if the volunteer is under the age of 18 years of age)