

Special Olympics Yukon Non-Sport Volunteer Registration Form

Full Name _____

Address, City / Town and Postal Code _____

Phone Number (home) _____

Phone Number (work) _____

Phone Number (cell) _____

E-mail _____

From information indicated above what is the Best Method of Contact: _____

Gender: M F
 (Circle)

Age: _____

Date of Birth: ____/____/____
 Day Month Year

(Gender, Age, and Birth date are required for insurance and for National statistics)

T-Shirt Size (Men's) _____

How long have you been a member of Special Olympics Yukon?

0 (new member)

1 to 4 yrs

5 to 9 yrs

10 to 14 yrs

15+ yrs

Please circle valid certifications:

First Aid

CPR

Volunteer Release

(Must be signed by a parent or guardian for volunteers between the ages of 16 to 19 years of age)

I the undersigned coach, volunteer, official, parent or administrator hereby release discharge and indemnify Special Olympics Inc. from all liability for injury to person or damage to property of myself. In participating in Special Olympics activities I grant permission to use the likeness, voice, and words of myself in television, radio, films, newspaper, magazine and other media, and in any form not heretofore described for the purpose of advertising for communicating the purposes and activities of Special Olympics Canada and in appealing for funds to support such activities.

Any and all references to Special Olympics Yukon or Special Olympics Inc. include and apply equally to all the Provincial and Territorial Chapters of Special Olympics Canada.

Print Name (Volunteer)

Signature (Volunteer)

on behalf of (name of volunteer):

If volunteer is between 16-19 years old, Parent /Guardian signature is required

Date Signed: _____