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Football and Cheer Adult Volunteer Application



DO NOT use forms from past years.

Use extra paper if additional space is required.

A copy of valid government issued photo identification **must** be attached to and submitted with this volunteer application. (Please print or type information)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Business/Cell Phone _____
 E-mail Address _____
 Date of Birth _____
 Occupation _____ Social Security # _____
 Employer _____
 Address _____

Special professional training, skills, and hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including other youth sports and year): _____

Do you have children in the program? Yes No
 If yes, at what level? _____

Special Certification (i.e. CPR, Medical, etc.): _____
 Do you have a valid driver's license: Yes No
 Driver's License #: _____ State _____
 Have you ever been convicted of, or have pleaded guilty to any crime(s): Yes No
 If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes No
 If yes, explain: _____

In which of the following would you like to participate? (Circle one or more.)

Head Coach (Flag / Tackle) Assistant Coach Cheer Squad Head Coach

Business Manager Coach Trainee Equipment Manager Team Parent

Concession Stand Association Board Member Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for the UgcVce"Uj ctmu"Lyplqt"Football and Cheer, and/or its Eqphgtgpeg to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Conference receiving no inappropriate information on my background.

I hereby release and agree to hold harmless from liability the SeaTac Sharks Junior Football and Cheer association, Incorporated, their chartered member Conference, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, SeaTac Sharks Junior Football and Cheer Association, and its chartered member Conference, are not obligated to appoint me to a volunteer position at this time.

If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by my Association President and removal by the Conference Board of Directors for violation of Association or Conference policies or principles. The SeaTac Sharks Junior Football and Cheer ssociation, and its chartered member Conference will enforce a **"zero tolerance"** policy against any adult volunteer that violates the Conference or Associations code of conduct, policies and principles.

Applicant Signature _____

Date _____

NOTE: The SeaTac Sharks JuniorFootball and Cheer association, Incorporated, their chartered member Conference and American Youth Football, Incorporated will not discriminate against any person or persons on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or physical disability .This form and background checks will expire on December 31 of the calendar year.

Conference / Association Use Only:

Background check complete on (date) _____

By Conference/Association Officer _____

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry _____ Criminal History Records _____ 07/2011



AMERICAN YOUTH FOOTBALL

Image Release - ADULT

ASSOCIATION NAME – SEATAC SHARKS FOOTBALL & CHEER



READ BEFORE SIGNING

I (insert name) _____, in consideration of being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, do hereby grant to American Youth Football Inc., the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my likeness in any and all media now or hereafter known, including but not limited to, pictures and videos of which I may be included intact or in part for promotion or other commercial use.

Print Name:

Signature:

Date Signed:

POWERED BY:





AMERICAN YOUTH FOOTBALL

Amateur Athletic Waiver and Release of Liability - Adult



ASSOCIATION NAME – SEATAC SHARKS FOOTBALL & CHEER

READ BEFORE SIGNING

IN CONSIDERATION OF being allowed to participate in any way in the American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, Menifee American Youth Football, my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, my Local AYF Affiliation, Their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Participant's Name:

Participant's Signature:

Date Signed:

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child/ward's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

Emergency Phone Number: ()

NOTE: This form as with any and all forms used by your Association should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.