

SARATOGA STARS

VOLUNTEER REGISTRATION

2017 SEASON

Please print and complete all items

Off ice Volunteer information:

Name: _____

____ Male ____ Female Date of Birth: _____

Street: _____

City/State: _____ Zip: _____

Phone: _____

Email: _____

Permanent Address (if different from above)

Street: _____

City/State: _____ Zip: _____

Parent/Guardian Emergency Contact/ Phone:

If you are younger than 18 years of age, please also complete form below:

Parent/ Guardian Name:

Address (If different from Volunteers address above)

Street: _____

City/ State: _____ Zip: _____

Phone: _____

Email:

Volunteer's School: _____

School Grade: _____

Saratoga Adaptive Ice Skating Stars

PO Box 166

Saratoga Springs, NY 12866

518-583-3900

Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of volunteers who are under the age of 18 and/or require such additional permission.)

I agree/ give my permission for the volunteer listed on this form to volunteer with the Saratoga Stars program in various activities or events as I choose, and to cooperate fully with those in charge of each activity and event.

I agree/ give my permission for the volunteer listed on this form to be photographed, videotaped, or interviewed by any television, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Saratoga Stars published materials or in other ways for the enhancement of the Saratoga Stars program.

NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

Volunteer Signature (if 18 or older)

Parent Guardian Name (If volunteer under age 18) (Please Print)

Parent Guardian Signature (If Volunteer under age 18)

Date: _____

Have you ever been convicted of a crime?

Yes _____ No _____

If yes, Date: _____ Jurisdiction: _____