



Volunteer Registration Form

Full Name								
Address:								
	City:		State:	z	'ip code:			
Phone:								
Email:								
Date of Birth:								
Gender		□ Male			□ Female			
Are you a returning Volunteer?								
Name of organization requesting to Volunteer for:								
Preferred Level and Division:	0	Pee Wee's	0	Midgets	☐ Junio	rs	☐ Seniors	
☐ Team Mom ☐ Team Dad								
Emergency Contact					•			
Name:	C				Cell number:			
Name:	:				Cell Number			
Registration								
Please check Box when comple	check Box when completed: Date completed			Verified By Dead			line	
■ Background Check								
☐ Mandated Reporter								
☐ 1st Aid/AED/CPR								
I am accepting the position in NE activities, including meetings. I kn supervising, and that protective eindemnify, and agree to hold han whether result of negligence or fonetwork. I hereby give my conserwebsite.	now that requipment mless NE or any oth	my participation t does not prev GYFC, the org er cause. I/We	n in footba ent all inj anizers,s understa	all may result uries to playe ponsors, sup and that NEG	in serious injuries ters, so I do hereby vervisors, participant	o the ch vaive, re s and p lyfc.org	ildren I will be elease, absolve, ersons transporting, as its official online	
Signature:				Date:				