



VOLUNTEER & COACHING APPLICATION



Season Fall 2009	Region One <input type="checkbox"/> Two <input type="checkbox"/>	Host Organization:
First Name	Middle Name	Last Name
Date of Birth	Drivers License #	State Of Issue

Cell Phone: () _____ - _____	Home Phone: () _____ - _____
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Address	State/Zip
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Email Address

Position: Head Coach Assistant Coach Team Manager

Physical Examination I, the Volunteer, believe to the best of my knowledge that I can withstand the rigors of a basketball season. I, the Volunteer, believe there is nothing physically/mentally wrong with me. I, the Volunteer, hereby state that I will participate in the upcoming season **without** a physical examination which is recommended by SYBL/JT. I assume all risks and hazards incidental to such participation without a physical and do hereby waive, release, absolve, indemnity and agree to hold harmless, SYBL/JT, the host organization, the sponsors, supervisors, participants, volunteers and any other persons involved in SYBL/JT.

Insurance YES I, the Volunteer am covered by my own Health/Injury Insurance. NO I, the Volunteer, do not have my own Health/Injury insurance coverage. I assume all risks and hazards incidental to such participation without Health/Injury insurance coverage and do hereby waive, release, absolve, indemnity and agree to hold harmless, SYBL/JT, the host organization, the sponsors, supervisors, participants, volunteers and any other persons involved in SYBL/JT.

Volunteer Understanding YES NO My picture or likeness may be displayed on the SYBL/JT/host organization websites.
I understand that basketball is a dangerous sport that may result in serious injury or even death. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless the Spurs Youth Basketball League Junior Thunderbirds Inc. (SYBL/JT), the Host Organization, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child.

Conduct: I understand that I am expected to conduct myself in a civil manner at all Spurs Youth Basketball League/Junior Thunderbird (SYBL/JT) events, and failure to do so could result in expulsion from the event by the host organization and or League officials. **I understand that the consumption of alcohol and tobacco products is strictly prohibited at SYBL/JT games and events as is the use of profanity or inappropriate gestures.**

Medical Treatment Authorization: In the event of injury to myself, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

Equipment Liability: I understand that I am responsible for the return of all equipment issued to me by the organization. The equipment will be returned clean and in good condition to the host organization. And that I will be responsible for reimbursement to the host organization any cost of lost or excessively damaged equipment.

Background/Sexual Offense Check: As a condition of volunteering, I give permission to SYBL/JT and my host organization to conduct a background check. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on the check. I hereby release and agree to hold harmless from liability, SYBL/JT, 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, SYBL/JT is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term; I am subject to suspension and removal by the Executive Board for violations of SYBL/JT policies and principles. **I have read and understand everything on this form. My signature shows my acceptance to all items on this form.**

Volunteer Signature	Date
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