



# Sebastian Sharks Youth Football and Cheerleading Association 2019 Volunteer Application

To Be Completed By All Team Parents / Volunteers of SSYFCA

## PERSONAL INFORMATION

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male / Female (please circle one) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Names (maiden, alias, etc.): \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Expiration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*\* A copy of a valid government issued photo ID must be attached to complete this application.*

Email address: \_\_\_\_\_

Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address (list all for the past 7 years, include dates): \_\_\_\_\_

*\* please attach a separate sheet if additional space is needed*

Have you ever been convicted of a crime? Yes / No

If yes, please list all misdemeanor/felony offenses (state/date/nature of charges/disposition): \_\_\_\_\_

Have you ever been refused participation in any youth sports program? Yes / No

If yes, explain: \_\_\_\_\_

## CONSENT/RELEASE

I authorize and give consent for SSYFCA or League Designee referenced above to obtain my personal information. This includes, but is not limited to criminal background records/information; criminal background checks; coaching experience, personal references, and addresses. I authorize this information to be obtained either in writing, via internet, or via telephone in connection with my volunteer application. I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of the SSYFCA or League, that the SSYFCA is not required to allow my continued participation. I agree to hold harmless and indemnify from liability the SSYFCA and its directors, officers, and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## FOR SPORTS ORGANIZATION USE ONLY

Background checks completed through SSCI by \_\_\_\_\_ (name) on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date).

Sources Checked:

- Pass
- Fail (keep this form and the record check on file for 15 years if failed)

League President Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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## WAIVER OF LIABILITY, RELEASE

For and in consideration of the undersigned participant's registration with Sebastian Shark Youth Football and Cheer Association ("Organization") and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent(s)/guardian(s) person including bodily injury, partial or total disability, paralysis, death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks/dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

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**Volunteer / Participant Signature**

**Date Signed**

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**Volunteer / Participant Name (Printed)**

**Age (if under 18)**

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**Parent/Guardian Signature (for volunteers under 18)**

**Date Signed**



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## QUALIFICATIONS:

What team are you interested in being team parent for?

Jr Rookie- 7 Rookie- 8 Mighty Mites- 9 PeeWee- 10 Bantams- 11 Juniors- 12 Seniors- 13/14

Have you been approved by the Head Coach of this division to serve as a Team Parent? Yes / No

Have you ever participated as a volunteer in a youth sports program? Yes / No

Have you ever received disciplinary action while participating in a youth sports program? Yes / No

If yes, please explain: \_\_\_\_\_

Do you have a child / children in the program? Yes or No What age(s) / team(s): \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

## RESPONSIBILITIES AND COMMITMENT:

- 1) All Team Parents must be twenty-one (21) years of age.
- 2) All Team Parents are responsible for assisting the coaches as necessary with the team.
- 3) All Team Parents are responsible for coordinating volunteer duties of parents/guardians of players for the season with the assistance of the Team Parent Director.
- 4) All Team Parents are responsible for keeping track of parent volunteer hours to make sure that each player has the necessary volunteer hours satisfied.
- 5) All Team Parents are responsible for assisting with team/roster verification at all games.
- 6) All Team Parents are responsible for attending Team Parent meetings and disseminating necessary information to coaches and parents.
- 7) All Team Parents are responsible for notifying coaches of any disputes/complaints that may occur with parents or anyone else associated with the respective team.
- 8) All Team Parents are responsible for working with the Fundraiser Director to make sure their team is notified of and participates in SSYFCA fundraisers.
- 9) All Team parents are responsible for communicating with the Team Parent Director and disseminating any information from the league to the team coaches, parents and players.
- 10) The use of alcohol and/or drugs or being under the influence of alcohol and/or drugs while working with children will not be tolerated and will be grounds for suspension or dismissal from the League.
- 11) Abusive language, physical abuse or violence of any kind while working directly with the players/cheerleaders will not be tolerated and will be grounds for suspension or dismissal from the league.
- 12) Conduct that is deemed by the BOD as detrimental to the best interest of the SSYFCA or other rule infractions shall be subject to discipline, suspension, or termination of the membership of any league participant.
- 13) Violation of any of the aforementioned rules, or any other behavior determined by the BOD to be detrimental to the league, will result in a BOD review and could lead to immediate dismissal from the position and/or the SSYFCA.

*I have read all of the above and fully understand and agree to abide by my obligations.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_ Team: \_\_\_\_\_