



2009 Spring School Games
San Marino High School
March 20, 2009

PLEASE PRINT CLEARLY! IF WE CANNOT READ IT, THEN WE CANNOT CONTACT YOU!

How to Submit Registration Form:

By EMAIL:
lgarcia@sosc.org

By Fax:

SECTION 1: ALL VOLUNTEERS MUST COMPLETE

New SOSC Volunteer _____ Returning SOSC Volunteer _____

First Name _____ Last Name _____

Home Address _____ City _____ ZIP _____

(H) Phone (____) _____ Phone (____) _____ Specify (work, cell, etc.)

Email _____ DOB ____ / ____ / ____
MO DAY YR

Employer's Name _____ Title _____ Occupation: _____

Address _____ City _____ State _____ ZIP _____

Do you have a valid Driver's License? NO _____ YES _____ # _____ Expiration Month _____ Day _____ Year _____ State _____

Are you at least 18 years or older? – Individuals under the age of 14 ☐ YES ☐ No

must be accompanied by their legal guardian at all times

Have you ever been charged with physical or sexual abuse of a ☐ YES ☐ No

child?

If you answered YES to any question, list offenses giving date, location, nature and disposition for each.

General Consent

I understand that the information I provide may be verified, and I give permission to Special Olympics Southern California to make inquiry of others concerning my suitability to act as a Special Olympics Southern California volunteer. I also understand that a personal reference or criminal background check may be accomplished if that action is deemed necessary. In the course of volunteering for Special Olympics Southern California, I may be dealing with confidential information and I agree to keep said information in the strictest confidence. In consideration for being permitted to volunteer my services to Special Olympics Southern California, I hereby agree to accept any and all risks of injury, damage or loss of personal property. The relationship between Special Olympics Southern California and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Southern California. I grant Special Olympics Southern California permission to use my likeness, voice and words in television, radio, file or in any form to promote activities of Special Olympics Southern California.

I have read the General Consent and am in agreement with its content.

Signature of Volunteer _____

Date _____

If under 18, signature of legal guardian _____

Date _____

Parental Consent

Must be completed if volunteer is 14-17 years of age. Volunteers must be a minimum of 14 years of age!

I hereby consent for my minor child to be a volunteer with Special Olympics Southern California. In regard to the above named youth volunteer's participation, I HEREBY AGREE to release and hold harmless Special Olympics Southern California, and its agents, employees and representatives of and from any and all liability of any kind or nature incurred by the above-named youth volunteer or by myself as the result of any act or failure to act, intentional or unintentional, by (1) any person who is not an agent, employee or representative of Special Olympics Southern California or (2) any other youth volunteer. I also authorize Special Olympics Southern California and its agents, employees or representatives into whose care the youth volunteer has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the youth volunteer by a dentist licensed under the provisions of the Dental Practice Act.

If under 18, signature of legal guardian _____

Date _____

Emergency contact & phone (Please print) _____