## SPECIAL OLYMPICS BRITISH COLUMBIA **VOLUNTEER/COACH REGISTRATION FORM** DATE **KAMLOOPS** SOBC LOCAL MIDDLE NAME **LAST FIRST NAME NAME** /INITIAL Address **MAILING** Postal Code City Province ADDRESS AND Home Phone # Home Fax # CONTACT **INFORMATION** Cell Phone # E-mail Address Relationship Name **EMERGENCY CONTACT** Day Phone # Evening Phone # INFORMATION Month Day Year **FIRST** DATE OF □ Yes □ No GENDER $\square$ Male $\square$ Female **NATIONS BIRTH** CARE CARD# If yes, please give athlete's name and relationship. RELATED TO NCCP# AN ATHLETE Do you have a criminal record of any kind, or have you ever been charged with a criminal offence? CRIMINAL Yes $\square$ No $\square$ RECORD If yes, please indicate the nature of the offence: Head **Assistant Program** X **Sports Administration Roles** Coach Coach Volunteer Active Start Executive Athletics (T&F) Community (Local) Coordinator Athletic Club Program Coordinator Basketball Volunteer Coordinator Bocce Fundraising Coordinator Bowling, 10-Pin Treasurer Bowling, 5-Pin Secretary Curling PR Coordinator **CURRENT** Floor Hockey Family Coordinator VOLUNTEER **FUNdamentals** Athlete Coordinator **POSITIONS** Golf Other Powerlifting Rhythmic Gym. Subcommittee Skating, Figure Program Committee (Assistant) Skating, Speed Volunteer Committee (Assistant) Skiing, Alpine Fundraising Committee (Assistant) Skiing, Cross-Country PR Committee (Assistant) Snowshoeing Family Committee (Assistant) Soccer Softball General Volunteer Swimming SEE REVERSE SIDE

SPECIAL OL	TIM TES BE VOLUNTEEN, EX	THE TREGISTION	TION FORM, PAGE 2
FIRST NAME		LAST NAME	
Provincial Privacy Policy Special Olympics BC adherement, sell, or trade your perso	s to all legislative requirements with r nal information. Information provided wents, funding activities and more. To alolympics.bc.ca/privacy.	respect to protecting you	nunication purposes to deliver
Olympics programs. I agree to technowledge that I will be use olympics British Columbia Sorganizations from all liability organizations of the purposes information I have provided inquiries of others which may columteer. As a volunteer, I reformation in the strictest cound its agents are authorized reatment as may be deemed columbia Society and volunteer or the Special Olympics that misrepresentation or omolympics. I affirm that I have to the column of the c	unteer, official, parent, or administrate o abide by Special Olympics rules, poing facilities and programs at my own society, Special Olympics Canada Incry for injury to person or damage to predifically granting permission to use met, and other media, and in any form nor activities of Special Olympics and may be verified and I give permission vinclude a background investigation to have be dealing with confidential and profidence. If I am unable to be consult on my behalf and for my account to tall advisable for my health and well-being eers is an "at will" arrangement and in appics British Columbia Society. Any affice, Special Olympics Canada Inc., a ssion of information on my part is cate the above and that the informative read the above and that the informative of the immediately inform the CEO of the may be required to withdraw until succession will be made as to my future eligible.	olicies, procedures, phin risk and I hereby releur, and the directors, office operty both now and in the policies, voice, and otheretofore described in appealing for funds to the Special Olympic of determine my suitable of the such measures and such such measures and such such measures and such such such measures and such such such such measures and such such such such such such such such	losophies, and codes of conduct. I ase, discharge, and indemnify Special ase, discharge, and indemnify Special ase, discharge, and staff of these in the future. In participating in Special words in television, radio, film, I for the purpose of advertising or to support such activities. The as British Columbia Society to make allity to act as a Special Olympics and I agree that I will keep such gency or necessity, Special Olympics arrange for such medical and hospital ween the Special Olympics British any time without cause by either the pecial Olympics include and apply stritish Columbia Society. I understand saal as a volunteer with Special and complete.  **Cof any charge or conviction for a is dealt with. Should I be convicted**
	Signature	Print Name	
	Date		
Volunteers under the age of			
	19 must have parent/caregiver/legal gu	uardian sign this releas	e on their behalf.
Parent/Caregiver/Guardian		nardian sign this releas	
·	19 must have parent/caregiver/legal gu  Signature	uardian sign this releas	e on their behalf.  Print Name
·		uardian sign this releas	
•	Signature	uardian sign this releas	Print Name
Parent/Caregiver/Guardian Parent/Caregiver/Guardian  Last revised: 06/09  Special Olympics	Signature	uardian sign this releas	Print Name