

Cameron Park Community Services District
Recreation Department

VOLUNTEER COACH REGISTRATION FORM

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Day: _____ Evening: _____

Fax: _____ E-Mail: _____

Have you coached for us before? _____ If yes, when? _____

Please complete the following information for your child:

Child's Name: _____ Age/grade: _____ Gender: _____
Height: _____ School: _____ # Yr. Played _____ Shirt Size: _____
Youth/Adult

Please complete the following information for the player you would like to **freeze**
and place on your team:

Child's Name: _____ Age/grade: _____ Gender: _____
Phone Number: _____ School: _____

Practice Days/Time

1st Choice: _____ 2nd Choice: _____

Team Name

1st Choice: _____ 2nd Choice: _____

Have you ever been convicted of felony? _____ If yes, please explain: _____

"I, the undersigned, understand that the Cameron Park Community Services District, officials, volunteers and all school districts are not responsible for accidents and/or injuries occurring during and/or resulting from games and/or practices. I further agree to hold the Cameron Park Community Services District, officials, volunteers, and all school districts free and harmless from liability and indemnify them from any loss incurred by them resulting from my negligence or other acts as a volunteer coach. I further acknowledge and understand that the Cameron Park Community Services District does not provide liability insurance coverage for me in my activities as a volunteer coach.

It is understood that I am acting as a volunteer and am not eligible to lay claim to benefits from social security, State Unemployment Insurance, Worker's Compensation Insurance, or to those benefits reserved for employees of the Cameron Park CSD. I shall be responsible for paying my own medical bills for any personal illness or injuries incurred.

I certify that all statements on this and other supplementary forms are true and correct. I acknowledge that any false statement or misrepresentation on this form or supplementary materials will be cause for refusal of placement or for immediate dismissal at any time during the season. **I am aware that volunteer Youth Coaches are required to be fingerprinted by the El Dorado County Sheriff Department.**"

SIGNATURE: _____

DATE: _____