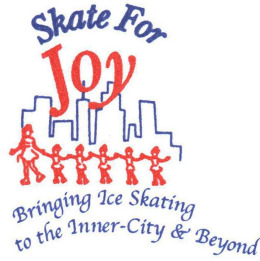


VOLUNTEERS (over 18)

PROVIDENCE - _____
NEWPORT - _____



SWEATSHIRT SIZE

CIRCLE ONE:
XS - S - M - L - XL - 2XL

Consent for Volunteer Participation and Medical Waiver

Volunteer's Name: _____ DOB: _____
Mailing Address: _____
Email Address: _____ Phone No.: _____

I authorize that the above listed person is **over 18 years of age** and may volunteer and that said volunteer is capable of participating with the Skate for Joy Program and its activities. **Skate For Joy prefers volunteers with Skating or Hockey experience.** I understand that, as an adult and as said volunteer, I must divulge any and all medical conditions and provide Skate For Joy with emergency phone numbers.

I fully understand that the Skate for Joy Program (a United Skate Figure Skating Basic Skills Program) may involve risks and dangers that could cause bodily injury. I accept and assume such risk. I hereby am able and willing to participate as a volunteer in the Skate For Joy program and acknowledge that the above stated volunteer is participating at his or her own risk. I am also aware that all volunteers over the age of 18 will require a background criminal check.

I, _____, currently attend _____ school or college.
(Volunteer's Name)

Please list 2 Emergency Contact Names & Phone Numbers: _____

If you are a college student, please list a contact person for emergencies, such as your Community Service Learning Coordinator: _____

Do you have experience teaching figure skating or hockey? _____ If so, please describe _____

Do you have any medical conditions? If yes, please explain: _____

I will be volunteering at: PROVIDENCE _____ NEWPORT _____

Signature of Volunteer

Date

Printed Name of Volunteer

Skate for Joy Representative

Date