

OFFICE USE ONLY:

Period of Registration Coverage (term(s)/year):

**JUST FOR KICKS (JFK)
VOLUNTEER FORM 2019/20**



VOLUNTEER INFORMATION

Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Student: Yes No

If "YES" please answer the following questions:

School: _____ Year: _____ Major: _____

Have you ever volunteered for Just for Kicks before? YES NO

If you answered "NO" to the above question, how did you hear about the Just for Kicks program?

Please indicate which term(s) you will be volunteering for (circle one):

Fall (September-December)

Spring (January-March)

Both Terms

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

AUTHORIZATIONS/PERMISSIONS

Collection and Use of Personal Information

I understand that the Freedom of Information and Privacy Protection Act prohibits CanAssist and Vikes Athletics & Recreation from giving references without my approval. I hereby give permission to CanAssist and Vikes Athletics & Recreation to provide references, written and/or verbal related to my volunteer service with JFK. I also give permission to CanAssist and Vikes Athletics & Recreation to store registration and/or my personal information electronically, in hardcopy, or through other means.

YES

NO

Photo/Video Release

I authorize CanAssist and Vikes Athletics & Recreation at the University of Victoria to reproduce photos and/or videos taken of me (and include use of my name) in print, electronic media or social media for educational, promotional, fundraising or other purposes consistent with CanAssist and Vikes Athletics & Recreation’s mandate and organizational goals (note: I understand that CanAssist or Vikes Athletics & Recreation will contact me and obtain permission before agreeing to allow any non-UVic publishers to reproduce any of these photographs or videos).

YES NO

Permission for Contact

I would be pleased to receive invitations to CanAssist events or copies of CanAssist newsletters or other similar materials, to the above indicated residence address or email address.

Residence Address: YES NO

Email Address: YES NO

Parental Consent (if required)

- I am 19 years of age or older.
- I am under 19 years old (age: _), but I have the informed consent of my parents or legal guardians to participate in CanAssist and Vikes Athletics & Recreation activities.

Parent/Guardian Name (please print): _____

Relationship: _____ Signature: _____ Date: _____

Waiver and Release of Liability

I understand and hereby acknowledge that there is inherent risk of serious and permanent bodily injury or other types of injury due to participation in any sporting and athletic activities, including the JFK soccer program.

By signing this registration form I agree to assume all risk related to any serious and permanent bodily injury or any other injury as a result of my participation in this program, and through this, I **RELEASE AND HOLD HARMLESS** CanAssist and Vikes Athletics & Recreation and its employees, agents and volunteers and the University of Victoria and its Boards, Officers, Employees, Students, Agencies and Agents, against all liabilities, demands, expenses and losses, property damage, emotional trauma, anxiety or distress, and from any and all claims of any type whatsoever for bodily or other injuries that I may sustain arising out of or from any JFK related practices, drills, games or any other JFK related activities.

In signing this registration form, I am expressly stating that I have read this form completely, understand the terms and conditions herein, have provided correct information, and fully understand the risks associated with my participation in the JFK soccer program.

Signature (Parent/Legal Guardian if under 19): _____

Date: _____