

# JC Noon Kiwanis - Little League Super Stars Volunteer Registration Form

Please print clearly and sign below.

## Volunteer Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Gender: M F

T-shirt Size: S      M      L      XL      2XL      3XL

## Experience Coaching

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Emergency Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Preference -      Head Coach      Assistant      Parent Support**

**Important:** I recognize the possibility for physical injury associated with youth programs and activities, I hereby release, discharge and/or otherwise indemnify JC Noon Kiwanis organizations and sponsors, their volunteers and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the myself as a result of my voluntary participation in the program.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Kiwanis**