



Volunteer Registration Form

Contact Information:

First Name:		Last Name:			Gender:	
					Age:	
T-Shirt Size (circle): Children S M L XL		Adult S M L XL XXL			Date of Birth: MM/DD/YYYY	
Region:		Address:			Postal Code:	
City/Town:	(Cell): (Home):	(Work):	Primary Email Contact: <i>Email is our primary method of contact</i>			
Medical Information Do you have a pre-existing medical condition/allergy of which we should be made aware? If so, please list:						
Emergency Contact (Name) (Phone Number)						

Do you have current Basic First Aid/CPR Training (within the last 3 years)? **YES NO**

Availability:

During Games

<u>Date(s):</u>	July 3	July 4	July 5	July 6	ALL DAYS
<u>Time(s):</u>	Wed A.M.	Thurs A.M.	Fri A.M.	Sat A.M.	
	Wed P.M.	Thurs P.M.	Fri P.M.	Sat P.M.	ALL TIMES

Area of interest: *(Number all roles interested in beginning with 1 (most interested) and ascending)*

Mascot	Medical (First Aid)	Social Events	Ceremonies	
Signage	Cultural Events	Facilities/Equipment	Medals	
Registration	Results	Concession	General	
Specific Role (if sought)				

Sport: *(Number all sports interested in beginning with 1 (most interested) and ascending)*

- | | | |
|--|--|--|
| <input type="checkbox"/> 3/5/10 KM Run | <input type="checkbox"/> Esports | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Pickleball |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Basketball (3 on 3) | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Beach Volleyball | <input type="checkbox"/> Mini Soccer | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cribbage | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Track & Field |

Specific Sport (if sought): _____

Please return completed form to:
Coaldale Civic Square: #200, 1801 – 20th Ave, P.O. Box 1236, T1M1N1
Phone: (403) 403-345-1324 | E-mail: mark.mcintosh@coaldale.ca



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WAIVER FORM – Town of Coaldale/Lethbridge County 2024 Southern Alberta Summer Games

In consideration of the acceptance of my participation with the Southern Alberta Summer Games and all of its related activities, I _____ agree to the following:

(Name of Participant)

1. I hereby agree to comply with the rules and policies of the Town of Coaldale and Lethbridge County, and its Directors.

2. For myself, my executors, administrators, heirs, next of kin, successors, and assigns, I HEREBY:

a) Waive and release any and all claims that I may have against the Town of Coaldale and Lethbridge County and its committees, officers, directors, members, volunteers, employees, agents, sponsors of their successors or assigns (the “releases” including any and all claims for damages caused by negligence of any of them, arising out of my participation in any of the organization’s activities or related events, together with any costs, including attorneys’ fees, that may be incurred as a result of any such claim whether valid or not), and;

b) Indemnify and hold harmless and release each of them against any such claims, that I, my guests, or any one or more of my or their executors, assigns may have or assert and against any costs including attorney’s fees with respect thereto.

3. I hereby acknowledge that I have sole responsibility for my personal possessions during my involvement and related activities.

4. I hereby acknowledge that participation carries with it inherent risks (potential hazard). I therefore release the “organizer”, its events committee, their officers, directors, members, volunteers, employees, sponsors, of any liability resulting from injury or death during the event and its related activities.

5. I hereby attest and verify that I _____ am physically fit and that my
(Name of Participant)

physical condition has been verified by a licensed medical doctor.

6. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and or illness during the event.

7. I hereby permit the use of my name and picture in broadcast, telecast and the media as they pertain to the event.

MEDICAL WAIVER

The Town of Coaldale and Lethbridge County are not responsible for any injuries sustained by me during the 2024 Southern Alberta Summer Games. I hereby authorize the staff, volunteers and agents to seek medical assistance when required and for medical care to be administered.

All participants of their parent or guardian must sign the waiver and release form.

Signature of Applicant

Date

Witness Signature of Parent/Guardian
(if under 18 years)

Date

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