

Grand Rapids Griffins Youth Foundation
Registration/Medical/Release Form/Back Ground Check Permission

Please print the following information clearly

First Name: _____ Middle Name: _____ Last Name: _____
(As listed on your birth certificate)

Maiden Name: _____

Address: _____

City: _____, MI Zip Code _____ Race: _____

Email: _____

Phone Numbers: Home: _____ Cell: _____

Emergency Contact Name and Number: _____

Date of Birth _____

Circle: Male Female

ADULT VOLUNTEER AGREEMENT

I agree to participate as a volunteer in the Grand Rapids Griffins Youth Foundation's programming. I understand that the programming involves vigorous physical activity, including possible body contact. I assume all risk of accident or harm that may arise from my participation in any program and I waive, release and indemnify the Grand Rapids Griffins Youth Foundation, Griff's Icehouse, DP Fox, the City of Grand Rapids and all of their directors, officers, employees and volunteers from all claims and costs.

I will make myself aware of the programs in which I volunteer including the times and costs. I agree to abide by all rules of the programs. I understand and agree that if I do not follow the rules of the program I may be dismissed from the program. I understand and agree that any photographs or video taken of me at any foundation program event may be used by the Grand Rapids Griffins Youth Foundation in its discretion.

MEDICAL INFORMATION

I understand that medical help may be called in case of an injury and agree to take responsibility for all costs associated with the medical care provided.

Please list any medical information that staff should know about in case of an emergency.

I agree that the above information is correct and I understand it will be used to run a back ground check.

SIGNATURE: _____ **DATE:** _____