

# Grand Rapids Griffins Youth Foundation

## Student Volunteer

### Registration/Medical/Release Form/Back Ground Check Permission

Please print the following information clearly

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

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

City: \_\_\_\_\_, MI Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Circle: Male Female

#### PARENT(S) PHONE NAME/ NUMBER(S)

Name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

#### STUDENT VOLUNTEER AGREEMENT

I agree to participate as a volunteer in the Grand Rapids Griffins Youth Foundation's (GYF) 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 GYF, 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. 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 GYF 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.

\_\_\_\_\_

#### PARENTAL ACKNOWLEDGEMENT AND CONSENT

I understand my child (Student Volunteer) wishes to volunteer in GYF programming. I have legal authority to sign this waiver on behalf the Student Volunteer. The Student Volunteer and I have reviewed, understand and agree to the terms set forth above, including the indemnification and release of the GYF, Griff's Icehouse, DP Fox, the City of Grand Rapids and all of their directors, officers, employees and volunteers from all claims and costs. The medical information was completed by me, on behalf of the Student Volunteer, and is accurate and correct.

I understand and agree this form will be used to run a back-ground check on the Student Volunteer and I consent to the GYF running such back-ground check.

**STUDENT VOLUNTEER**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT OF STUDENT VOLUNTEER**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_