



ELITE STARS Athletics
 c/o Pat D'Avolio
 1331 Colwyn Drive, Schaumburg, IL 60194

2019 ELITE STARS All Sport Camp Volunteer Information

Name: _____
 Address: _____
 City _____ Zip _____
 Phone: _____
 Parents' Names: _____
 Emergency Numbers: _____

Medications/Allergies/Special Instructions: _____

Camp Availability: Please circle your availability. Coaches staying overnight must stay the entire time & cannot leave throughout the day to do other things. This puts us in a compromising position for safety and supervision. Once you commit we expect you to fulfill your volunteer position in its entirety.

| | | | | | |
|------------|-----------|-----------|-----------|-----------|---------|
| ALL | Wednesday | Thursday | Friday | Saturday | Sunday |
| July 10-14 | July 10 | July 11 | July 12 | July 13 | July 14 |
| Overnight | Overnight | Overnight | Overnight | Overnight | |

PLEASE note that volunteers will not be permitted leave camp during the duration of the 5 days, with the exception of school and/or a pre-approved situation. Staff is not permitted to go out in the evening and return. If you commit to the 4 nights and 5 days, you must abide by all rules. There is NO ALCOHOL and/or drinking/smoking permitted at camp in the training or housing facilities. Proper coaching attire is required. If a volunteer cannot abide by these rules they will be asked to leave.

APPEARANCE RELEASE: I hereby consent and agree that the person above name, face, image, and likeness, as shown in photographs, videos, and electronic media, may be taken and may be used in any form by ELITE STARS for lawful promotional and advertising purposes, free and clear of any claim on my part.

CONSENT & INSURANCE & WAIVER & INDEMNITY & EMERGENCY

As Parent/Guardian of the above-identified volunteer, or as the volunteer myself, I hereby consent to the participation in the ELITE STARS program. I am fully aware of the risks and hazards associated with the sports chosen, including the risk that the volunteer may suffer catastrophic injury, paralysis, or even death, and I voluntarily assume all such risks. I confirm that the volunteer is covered by proper Health, Medical, and/or Accident insurance, which I consider adequate for both the volunteers protection and my own protection. In consideration of the volunteer being allowed to participate in the ELITE STARS program(s), I, intending to be legally bound, on behalf of myself, the volunteer, the volunteer's other parent(s)/guardian(s), and our successors and assigns (collectively "my family"), hereby waive and release any and all right and/or claim for damages which my family may have against ELITE STARS program(s) and facilities (Gymkhana, Hoffman Estates Park District, and additional sites as used by the program) or its officers, directors, employees, volunteers, and agents, for any and all losses, injuries, and/or damages that may be sustained and/or suffered by my family in connection with our association with the ELITE STARS program. I further agree, on behalf of my family, to defend, indemnify, and hold ELITE STARS harmless from and against all claims, liabilities, costs, and expenses (including attorney's fees) for such losses, injuries, and/or damages. I hereby give my permission for Emergency Medical Treatment of the athlete by a qualified and licensed Medical Doctor if, after a reasonable effort has been made, I cannot first be contacted. I agree to comply with this waiver and the other policies and procedures as endorsed by the ELITE STARS.

Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

I _____ give ELITE STARS organization permission to transport my child _____ during the camp dates (July 10-14, 2019).

Signature (Parent if under 18) _____

Date _____



ELITE STARS Athletics VOLUNTEER Registration Form

VOLUNTEER INFORMATION:

Volunteer's Name: (Last) _____ (First) _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work/Cell () _____

Female: _____ Male: _____ Age: _____ Date of Birth: _____

Email: _____

PARENT/GUARDIAN INFORMATION

Mother: _____

Father: _____

EMERGENCY INFORMATION:

Contact Person: _____ Phone Number: _____

Contact Person: _____ Phone Number: _____

MEDICAL INFORMATION:

Allergies: _____ Medications: _____

Previous health conditions/issues (if any): _____

History of concussions? _____

Assistance required (please state specifics): _____

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Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Revised January 20, 2019