ATHLETIC EDGE
SPORTS & FITNESS

Athletic Edge Youth Sports League

Volunteer Coach Application

First Name:_____ Last Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone #: _____

Email Address:_____

Are you interested in volunteering as a head coach or as an assistant coach?_____

Do you have previous coaching experience? Yes OR No

If yes, please explain:_____

_____

_____

Emergency Contact Name & Phone #:_____

_____

VOLUNTEER WAVIER FORM

Athletic Edge Sports & Fitness welcomes you as a volunteer. This is an exciting opportunity for the youth in our community and we thank you for your participation.

Volunteers must recognize that this league involves physical activity. Therefore, there is an inherent risk of injury when you decide to volunteer.

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As a volunteer, I recognize and acknowledge that there are certain risks of physical injury and/or property damage to volunteers within the Athletic Edge Sports & Fitness Soccer League and I agree to assume the full risk of any such injuries, damages or loss.

I agree to waive and fully release Athletic Edge Sports & Fitness and its employees and volunteers from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my volunteer participation.

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I acknowledge the contagious nature of Coronavirus and that the CDC and other public health authorities continue to recommend social distancing. I further acknowledge that Athletic Edge Sports & Fitness has put in place preventative measures to better reduce the spread of the Coronavirus. I acknowledge that Athletic Edge Sports & Fitness can not guarantee that I will not become infected with the Coronavirus during my volunteer duties. I understand the risk of becoming exposed to the Coronavirus during my time volunteering at Athletic Edge Sports & Fitness and that it can result in the actions, omissions or negligence of myself and others.

I hereby release and agree to hold Athletic Edge Sports & Fitness harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may otherwise arise in any connection with Athletic Edge Sports & Fitness This release discharges Athletic Edge Sports & Fitness from any liability claims that I may have against the company in regard to bodily injury or property damage.

I have carefully read the Volunteer Wavier above and understand that my signature is required below in order for myself to volunteer at Athletic Edge. I also understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a volunteer for Athletic Edge.

Signature of Volunteer_____

Date:_____