

VOLUNTEER / COACH REGISTRATION & MEDICAL FORM

PROGRAM YEAR: 2020 / 2021 SOBC LOCAL: _____

VOLUNTEER INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

GENDER: _____ BIRTH DATE (mm/dd/yy): _____

NCCP# _____ (if known)

EMERGENCY CONTACT:

Name: _____

Primary Phone: _____ Cell: _____

Relationship to Volunteer: (check one) Spouse Sibling Parent Friend

Do you have a criminal record of any kind, or have you ever been charged with a criminal offence?
 Yes No If yes, please indicate the nature of the offence: _____

MEDICAL INFORMATION

Medical Insurance Number: _____

Doctor's name: _____ Phone #: _____

Seizures (If yes, please fill out the next line.)
 Type: _____ Frequency: _____ Date of last seizure: _____
 Treatment Plan if applicable (attach additional sheet if required):

Please identify any additional medical conditions (ie. Heart, Diabetes, Asthma etc.)

ALLERGIES: (Please list)

Food: _____ Reaction: _____
 Drugs: _____ Reaction: _____
 Other: _____

Have you ever experienced an anaphylactic reaction? Yes No Do you carry an EpiPen? Yes No
 Tetanus up to date: Yes No Date last given: _____

MEDICATION: (please updated if needed prior to any trips)

Name & dosage: _____ Time/s: _____
 Name & dosage: _____ Time/s: _____

If more space is needed, please complete on a separate sheet

NAME: _____ SOBC LOCAL: _____

VOLUNTEER POSITIONS WOULD LIKE TO REGISTER FOR	Sports	Head Coach	Assistant Coach	Program Volunteer	Administration Roles	X
	Active Start				Executive	
	Athletics (T&F)				Community (Local) Coordinator	<input type="checkbox"/>
	Basketball				Program Coordinator	<input type="checkbox"/>
	Bocce				Volunteer Coordinator	<input type="checkbox"/>
	Bowling, 10-Pin				Fundraising Coordinator	<input type="checkbox"/>
	Bowling, 5-Pin				Treasurer	<input type="checkbox"/>
	Club Fit				Secretary	<input type="checkbox"/>
	Curling				PR Coordinator	<input type="checkbox"/>
	Floor Hockey				Family Coordinator	<input type="checkbox"/>
	FUNDamentals				Athlete Coordinator	<input type="checkbox"/>
	Golf				Other	<input type="checkbox"/>
	Powerlifting				Subcommittee	
	Rhythmic Gym.				Program Committee (Assistant)	<input type="checkbox"/>
	Skating, Figure				Volunteer Committee (Assistant)	<input type="checkbox"/>
	Skating, Speed				Fundraising Committee (Assistant)	<input type="checkbox"/>
	Skiing, Alpine				PR Committee (Assistant)	<input type="checkbox"/>
	Skiing, Cross-Country				Family Committee (Assistant)	<input type="checkbox"/>
	Snowshoeing				General Volunteer	<input type="checkbox"/>
	Soccer					
Softball						
Swimming						

By checking this box I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information as required.

Volunteer Signature:

Print Name: _____ Signature: _____ Date: _____

Parent or Legal Guardian name and signature required if Volunteer is under 19 yrs:

Print Name: _____ Signature: _____ Date: _____

NOTE: If filling in, and submitting, this form online you may type your name in the signature line