



NORFOLK RECREATION

Coaching Volunteer Application

1 Liberty Lane Phone: 508-520-1315 recreation@norfolk.ma.us

Name: _____

Home Address: _____

Email: _____ Phone: _____

Parent/Guardian(s) name if you are under 18 years old: _____

Emergency contact name/number: _____

Are your CPR certified? Y / N If yes, expiration date: _____

Are you First Aid Certified? Y / N If yes, expiration date: _____

Thank you for volunteering to coach or assist Norfolk Recreation Sports programs.

Please check the program for which you are volunteering to coach:

- Norfolk Recreation Field Hockey programs, K.P. Youth Field Hockey, and/or the Commonwealth League
- Liberty Flag Football
- Other Sports Program or League: _____

Are you a: ___ New Volunteer ___ Returning Volunteer?

Please read the following information carefully and sign below to indicate that you understand and agree to the following:

- I agree to attend and participate in any training sessions provided as part of my volunteering.
- I understand and agree that a CORI/SORI will be conducted and my participation is dependent on those findings.
- I will complete the HEADS-UP Concussion Training offered by the CDC found at the following link before I coach: <https://www.cdc.gov/headsup/youthsports/training/index.html> before I start to coach and agree to submit the completion certificate to recreation@norfolk.ma.us.
- I understand that my participation is contingent on the receipt of, and compliance with the Volunteer and Coach's Handbook and any league rules. I agree to carefully review the policies and rules therein.

For those 18 years and older and for parent/guardian of those 17-years old or younger, please read and sign below:
I, the undersigned _____ (insert name), do hereby consent to my or my minor child's participation in voluntary or recreation programs within the Town of Norfolk (the "Volunteer Activities").

I also agree to forever release the Town of Norfolk, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the Volunteer Activities of the Town (the "Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or my minor child or property damage resulting from my or my minor child's participation in Town of Norfolk Volunteer Activities.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or my minor child or property damage resulting from participation in Town of Norfolk Volunteer Activities.

I further affirm that I have read this waiver and that I understand its contents. I understand that my or my minor child's participation is voluntary and that I or my minor child are free to choose not to participate in said Volunteer Activities. By signing this Form, I affirm that I or my minor child have decided to participate in Volunteer Activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I or my minor child may suffer from engaging in the Volunteer Activities.

Signature: _____ Date: _____