



2010 Reach Youth Basketball League General Volunteer Application

Please call 480-628-6722 with any questions.

NAME: _____ DATE OF APPLICATION: _____

ADDRESS: _____
STREET CITY STATE ZIP

DATE OF BIRTH: _____ MALE or FEMALE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

NAME OF CHILD / PARTICIPANT(S) AND SCHOOL ENROLLED:

What kind of volunteer work would you like to do? Please circle all that apply.

Timekeeper

Scorekeeper

Referee

***RYBL will provide training resources for all volunteer positions. Thank you in advance for
you support!**

FAX COMPLETED APPLICATION
TO 480-659-2929

OR

MAIL APPLICATION TO:
REACH BASKETBALL
11530 E. CHESTNUT COURT
CHANDLER, AZ 85249

Please call 480-628-6722 with any questions.

2010 REACH YOUTH BASKETBALL LEAGUE VOLUNTEER WAIVER & RELEASE FORM

VOLUNTEER WAIVER & RELEASE IMPORTANT INFORMATION

The Reach Youth Basketball League (RYBL) and CUSD are committed to conducting its programs and activities in a safe manner and hold the safety of volunteers in high regard. The RYBL continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteers' safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any recreational activity or program.

Please recognize that the RYBL carry only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the activity, certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the RYBL to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and volunteering for this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in this program/activity against the RYBL and CUSD, including its officers, officials, agents, volunteers and employees (herein after collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Volunteer's Name _____

Volunteer's Signature _____

Parent's Signature (if under 18 years old) _____ Date _____

**PARTICIPATION WILL BE DENIED
If the signature of the volunteer and date are not on this waiver.**

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