



**FOOTHILLS PARK & RECREATION DISTRICT
FOOTHILLS ADAPTIVE BASEBALL and SPORTS MADE POSSIBLE
2010 VOLUNTEER REGISTRATION FORM
18 AND OLDER**

NAME _____ GROUP _____

DATE OF BIRTH: ___/___/___ (mm/dd/yyyy) AGE _____

ADDRESS _____

MAILING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

PHONE(H) _____ PHONE(Cell or Work) _____

E-MAIL ADDRESS _____

by entering your email address you agree to receive emails about volunteer information and special news about Sports Made Possible (Your email address is for the sole use of SMP & FHPRD).

I AM INTERESTED IN BEING A: COACH _____ BUDDY _____ TEAM MOM/DAD _____

I HAVE _____ YEARS EXPERIENCE WITH:

BASEBALL _____ YOUTH SPORTS _____ INDIVIDUALS WITH DISABILITIES _____

OTHER SPECIAL QUALIFICATIONS OR CERTIFICATIONS _____

REGISTRATION RELEASE FORM FOR VOLUNTEERS OVER 18 YEARS

In consideration for Foothills Park & Recreation District (FHPRD) and Sports Made Possible (SMP) providing the opportunity for me to participate with Foothills Adaptive Baseball (FAB) and SMP activities, the undersigned does hereby release and agree to indemnify and hold harmless FHPRD and SMP and their officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my participation in FAB league games and/or SMP activities. I assume all risks and hazards incidental to such participation in FAB league games and/or SMP activities and consent to receive first-aid and/or emergency care in the event I suffer an injury during sanctioned games or activities.

I also grant to SMP & FHPRD the absolute right and permission to use, reuse, publish, re-publish, reproduce, copyright and make derivative works of photographs of me, made in any medium, for advertising of SMP and/or FAB events, and release and agree to hold harmless SMP and FHPRD from any liability by virtue of such use, reproduction and/or publication. I consent to the use of any printed matter in conjunction therewith and waive any right to inspect or approve the finished product or the advertising copy.

Signature _____ Date _____

PLEASE RETURN THIS COMPLETED FORM TO: LILLEY GULCH RECREATION CENTER
ATTN: LAURA ROCCHIO, 6147 S. HOLLAND WAY, LITTLETON, CO. 80123
PHONE 303.409.2506 - FAX 303.409.2540 laurar@fhprd.org