

Achievement Centers for Children Adapted Soccer Clinic

Volunteer coaches needed!



The soccer clinic runs on Saturdays from 10am-11:30am
January 18, 2020—February 29, 2020



Force Indoor Sports
21220 Center Ridge Road
Rocky River, OH 44116



Contact Mike Urban, Manager of Sports Services
at 440-238-6200 ext. 245

mike.urban@achievementctrs.org

or

www.achievementcenters.org/sports

(download a volunteer application)



Achievement Centers for Children
ADAPTED SOCCER CLINIC
Volunteer Application



Dear Volunteer,

Thank you for your interest in volunteering for the Achievement Centers for Children’s Adapted Soccer Clinic. All volunteers are ***required*** to attend a (30 minute) informational meeting the day of our first session. During this meeting we will review responsibilities, expectations, and guidelines for working with children with disabilities. ***Volunteers must be 14 years of age or older.*** If you have any questions or cannot attend the scheduled training session, contact Mike Urban, Manager of Sports Services at (440) 238-6200 ext. 245 or e-mail mike.urban@achievementctrs.org.

Name (***must be 14 years of age***) _____

Address _____ City _____ OH Zip _____

Phone # _____ Emergency Name/Phone # _____

E-mail (***please print clearly***) _____

Are you 18 years of age or older? (Circle) Yes or No

Employer _____ Position/Title _____

School Name (***if student***) _____ Present grade _____

Do you need volunteer hour verification for work or school? (Circle) Yes or No

Are you CPR certified? (Circle) YES or NO

How did you hear about the Achievement Centers for Children’s Adapted Soccer Clinic?

Why do you want to volunteer for the Adapted Soccer Clinic?

Do you have any experience with children with disabilities? (*Not necessary to volunteer*)

Do you have any soccer experience? (*Not necessary to volunteer*)

New Volunteer **Returning Volunteer**

I would be available to work one-on-one with a player each week if needed.

T-shirt size: (please circle one) S M L XL 2XL 3XL

The soccer clinic runs on Saturdays starting January 18th, 2020 – February 29th, 2020 from 10:00am-11:30am at Force Indoor Sports, 21220 Center Ridge Road, Rocky River, OH 44116.

Volunteer Training Date and Location:

Saturday, January 18, 2020 from 930am-10am (Mandatory training before our first session)

Force Indoor Sports, 21220 Center Ridge Road, Rocky River, OH 44116.

Certification

I hereby certify that all of the statements made by me are true, complete and correct to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

Authority for release of information

I hereby give the Achievement Centers for Children permission to contact my current and/or former employers, associates, educational institutions, law enforcement agencies and other individuals and agencies they find necessary in determining my eligibility for volunteer services.

I hereby acknowledge that I have read and understand the above statements.

Print Name _____

Signature _____ Date: _____

If volunteer is under 18, provide parental/guardian signature as consent:

Print Name _____

Signature _____ Date: _____

Return volunteer application to:

Achievement Centers for Children

Camp Cheerful

Adapted Sports

15000 Cheerful Lane

Strongsville, OH 44136





Adapted Sports Participation Release, Waiver, and Assumption of Risk Agreement

I, _____ desire to participate in the Achievement Centers for Children sports and recreation program (the "Program"). In consideration of my being allowed to participate in the Program, which may include fitness workouts, adapted sports clinics and activities, and adapted sports competitions, I hereby acknowledge and agree as follows:

1. I am fully informed or otherwise aware of, and fully assume, all risks to person or property in connection with my participation in the Program (including, but not limited to, damage and loss of property, and/or bodily injuries). I have medical insurance coverage appropriate for my participation and have provided evidence of such insurance coverage and emergency contact information to the Program. The Program shall not provide any insurance for me in connection with my participation in the Program.
2. I fully and forever RELEASE, WAIVE AND DISCHARGE and COVENANT NOT TO SUE, the Achievement Centers for Children (including, but not limited to, its parents, subsidiaries, affiliates, divisions, operating units, assigns, employees, agents, and representatives), from any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, in connection with my participation from any cause whatsoever (including, but not limited to, damage or loss of property and/or bodily injuries), whether or not foreseeable or contributed to by the acts or omissions of the Achievement Centers for Children or others.
3. I shall INDEMNIFY AND HOLD HARMLESS the Achievement Centers for Children (including, but not limited to, its parents, subsidiaries, affiliates, divisions, operating units, assigns, employees, agents, and representatives) for and from any and all demands, claims, actions, suits, damages, losses, liabilities, cost and expenses arising, directly or indirectly, as a result of any intentional or negligent acts or omissions by me or any injury to me (including, but not limited to, damage and loss of property and/or bodily injuries), whether or not foreseeable or contributed to by the acts or omissions of the Achievement Centers for Children or others.
4. Permission is hereby granted for Participant to receive any and all emergency medical/dental treatment and/or first aid, including authorizing any medical treatment facility/hospital to administer emergency treatment for any illness, injury or accident resulting from participation in the Program.
5. This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, understandings or negotiations, with respect to the subject matter hereof. This Agreement (i) may not be amended or modified, by course of conductor otherwise, and (ii) may not be assigned or transferred, in whole or in part, except in writing duly executed by me and by the Achievement Centers for Children. This agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of Ohio, without regard to the conflicts or choice of law principals thereof, and shall be as broad and inclusive as permitted by such laws. In the event any provision of this Agreement shall be held unenforceable by a court of competent jurisdiction, such unenforceability shall not affect any other provision, and this Agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated herein.

Signature of participant

Date

Parent/Guardian Signature
(If participant is a minor or an adult with a developmentally disability)

Date of birth & social security number (if participant is a minor or an adult with a developmental disability)