



Registration Form

☐ Intern ☐ Volunteer

5 Graphics Drive | Ewing NJ 08628
inclusionsportspt@gmail.com | Ph: 609 812-2566

SECTION I - Student Information *To be completed by student volunteer*

Name: _____ Date of Birth ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____ Gender: ☐ Male ☐ Female Grade Level: _____

SECTION II - Permission *To be completed by parent or legal guardian*

I give permission for _____ to serve as a volunteer for Inclusion Sports Performance Training and the Special Olympics Programs indicated on the days and hours attached.

I understand that she/he will be making a valuable and needed contribution to our community. I also understand that he/she will not receive monetary compensation for his/her services.

We have insurance with _____ (name of insurance company), which will cover my daughter/son in the event of injury while engaging in this activity. I will assume responsibility for expenses incurred as the result of any injury that my son/daughter might suffer while participating in this activity. If a change occurs in the policy, it is my responsibility to notify Inclusion Sports Performance Training volunteer coordinator.

PARENT/LEGAL GUARDIAN'S Signature _____ Date ____/____/____

SECTION III - Experience *To be completed by student volunteer*

List any volunteer experience:

List any volunteer experience with kids:

Dates of Availability *Please list the days and times that you are available to consistently volunteer:*

What time of year are you looking for hours?

☐ During the school year only ☐ Summertime only ☐ School year and summertime