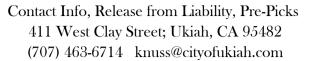
## CITY OF UKIAH RECREATION DEPARTMENT



## 2023/2024 YOUTH BASKETBALL

## **VOLUNTEER COACH FORM**





NAME:	EMAIL:	
ADDRESS:	CITY:	
HEAD COACH ASSISTANT COACH If assisting; who are you assisting?		
Which division are you coaching?	GK1 / G23 / G45 / G678 / GHS /	BK1 / B23 / B45 / B678 / BHS
(CELL)	(HOME)	(WORK)
SPONSOR NAME:	SPONSOR CONTACT:	•
1ST PICK PRACTICE TIME (not guaranteed):		
Pod Requests:	1)	2)
*your child is an auto request*	3)	4)
RELEASE FROM LIABILITY AND IDEMNIFICATION		
I have elected to participate, in the recreation activity stated above. In consideration for and as a condition of such participation, lagree to assume any and all risks arising out of or incident to such participation. Trurther agree to indemnity and hold harmless the City of Ukiah, its instructors, agents, officers, and employees from any and all claims, damaged, losses, expenses, or injuries, including reasonable attorney fees incurred on behalf of myself, my heirs, my spouse, my executor or administrator, or any persons arising out of or incident to my participation in this recreation activity. I have been informed and understand and agree that the City Council has not declared coaching for the City's recreation program volunteer service covered by the worker's compensation laws pursuant to Labor Code Section 3363.5 and I have no rights as a City employee or otherwise under Division 4 of the Labor Code or any other provisions of the State Worker's Compensation laws.  On behalf of myself, surviving spouse, children and other heirs, I hereby waive any right to notice of a further right to claim worker's compensation benefits from the City of Ukiah or its worker's compensation insurer, if any. I hereby represent that I understand and am familiar with the nature of the activities in which I will be participating in this recreation program, that I am in good physical health, and that I do not have any physical or emotional conditions, past or present, of which I am aware which would in any way affect my ability to participate in this I understand that under Education Code Section 10911.5 the City must submit my fingerprints to the California Department of Justice for a criminal record summary of arrests resulting in conviction and arrests pending final adjudication. I hereby consent to having my fingerprints (attached) taken and submitted to the Department of Justice prior to commencing my coaching duties. I agree to cooperate in furnishing my fingerprints for this purpose.  HAVE READ AND I UNDERSTAND THE ABOVE		
COACH'S SIGNATURE:	DATE	: