

CITY OF UKIAH RECREATION DEPARTMENT

2024/2025 YOUTH BASKETBALL

VOLUNTEER COACH FORM

Contact Info, Release from Liability, Pre-Picks

411 West Clay Street; Ukiah, CA 95482

(707) 463-6714 knuss@cityofukiah.com



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): _____			
Player Requests:		1) _____	2) _____
your child is an auto request		3) _____	4) _____

RELEASE FROM LIABILITY AND IDEMNIFICATION

(Please Read and Sign)

I have elected to participate in the recreation activity stated above. In consideration for and as a condition of such participation, I agree to assume any and all risks arising out of or incident to such participation. I further agree to indemnify 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 you ever been convicted as an adult for any violation of the law?

YES NO If yes, please explain on reverse.

I HAVE READ AND I UNDERSTAND THE ABOVE PARAGRAPHS:

COACH'S SIGNATURE: _____

DATE: _____