



Volunteer for

Youth Triathlon

Sun. April 29, 2018



Volunteers may serve in pool area, monitor running or bike course at Robert Livermore Community center. *All assignments are outdoors.*

Volunteers must:

- Work shift 9 -11:30 am
- Like to smile and be friendly
- Be 13+ for some stations
- Be 16+ for other stations

Contact: Maureen Gandara Swinbank: (925) 373-5765 or email mswinbank@larpd.org.

Return bottom portion by April 18, 2018 to
LARPD Volunteer Program, 4444 East Ave., Livermore, CA 94550

LARPD Volunteer Sign-up Form for April 29, 2018 Youth Triathlon

Note: If you are under 18 years of age **and** have not been fingerprinted by LARPD you must attach the completed Agreement Form.

Print Name: _____

Please Print Clearly

Address: _____

House Number, Street, City, Zip Code

Phone/Cell Number: _____

Adult _____

Youth 13-15yrs old _____

Youth 16+ _____

Email address: _____

_____ Yes, I am enrolled in the LARPD Volunteer Program with a fingerprint clearance.

_____ No, I do not have a LARPD fingerprint clearance.

_____ No, I have not been fingerprinted by LARPD, but would like to apply to become a year-round volunteer for special events.



Livermore Area Recreation & Park District

**(Special Event Volunteers-Under 18)
Agreement Form**

1. This completed and signed form **MUST** accompany each volunteer to the activity/event.
2. A **separate form** is needed for **each activity**.
3. LARPD requires all participants to have a form on file with the volunteer coordinator for each event.
4. Volunteers **must be 13 years of age or older.**

***PLEASE PRINT CLEARLY!**

Name of Event: **Youth Triathlon** Date(s): **Sunday, April 28, 2018**

Participant's Name: _____ Date of Birth _____ / _____ / _____

Address _____ City _____ Zip _____

Gender **M** **F** (circle one) Age _____ Grade _____ School N/A

Home Phone: _____ Work Phone: _____ Cell Phone _____

Activity # N/A Activity Name N/A Activity Date(s): N/A

EMERGENCY PHONE # _____ Name of EMERGENCY contact _____

Doctor's Name _____ Insurance carrier/number _____

Special Medical conditions (allergies, etc.) _____

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the Agreement, and Release on his/her behalf. I state that said minor is physically able to participate in-said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Print Name _____ Relationship _____
(Parent /Guardian)

Signature _____ Date _____

This form must be completed and returned to the volunteer coordinator or the volunteer CANNOT BE ALLOWED TO PARTICIPATE in the event until it is completed and signed by a parent/guardian.

_____ (parents/guardians initials) **I understand photos of volunteers may be taken at this event to be used for LARPD publicity.**

***This form must be filled out if you do NOT have a fingerprint clearance on file with LARPD.**