2020 SVJFAC

RELEASE FORM FOR CONCESSION STAND

TEEN VOLUNTEER

I, the undersigned Parent/Guardian, do herby consent and agree to give permission for my teenaged child (“Teen”) (First and Last Name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to work at the Seneca Valley Junior Football and Cheer Association of Cranberry Township (“SVJFAC”) Graham Park Concession Stand for the practices and games during the 2020 football season (July to November, 2020).

I, the undersigned Parent/Guardian, understand that my Teen will serve in a volunteer capacity for most shifts, and that financial compensation will only occur when my Teen is asked to complete an assigned shift for an adult who is unable to fulfill their duties. (Initial \_\_\_\_)

I, the undersigned Parent/Guardian, hereby confirm that my Teen is at least 14 years of age by the beginning of August 2020. (Initial \_\_\_\_\_)

I, the undersigned Parent/Guardian, understand my Teen can be removed from the worker list at any time if the concession stand coordinator, concession stand assistant coordinator, concession stand manager, team mom or any member of the SVJFAC Board believes his/her behavior is unacceptable and contrary to SVJFAC’s policies, standards, or requirements. Late arrival or failure to attend any scheduled shift without coordinating a replacement may result in immediate removal from the volunteer list. Each Teen helper must complete at least one uncompensated training shift in the month of August to be eligible to be an active member of the volunteer list during the regular season. (Initial \_\_\_)

I, the undersigned Parent/Guardian, hereby release and discharge SVJFAC from any claims, liabilities, damages, and expenses, including bodily injury or death, arising out of or in connection with my Teen’s volunteer services and activities undertaken at the Graham Park Concession Stand on behalf of SVJFAC. (Initial \_\_\_\_\_)

TEEN WORKER NAME (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_­­­­­­\_

Parent/Guardian (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

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| **CONTACT INFORMATION** |
| Teen Cell # |  |
| Teen email address |  |
| Parent Cell # (only used if teen can’t be reached) |  |
| Parent Email address |  |