

Triangle Special Hockey Association
434 Fincastle Drive
Raleigh, NC 27607
www.TriangleSpecialHockey.org



Volunteer Participation Agreement

The purpose of Triangle Special Hockey Association is to provide quality learn-to-skate and basic ice hockey instruction to individuals with developmental or physical disabilities. It is to this end that we ask that you acknowledge your responsibilities as a program volunteer.

Your signature below indicates your agreement to fulfill the stated responsibilities and to cooperate with the program directors, coaching staff and other volunteers throughout your affiliation with the program.

As a Volunteer of Triangle Special Hockey Association I understand that:

- I represent the program, its philosophies, objectives, principles and rules and I am expected to adhere to all general policies of Triangle Special Hockey Association, Inc.
- I will promote and enforce the program's rules, philosophies and consistently demonstrate behavior conducive to the promotion of positive self-esteem for all hockey participants.
- Although I represent the program during volunteer activities, I am not a legal representative of the corporation and I have been given no authority to enter into any financial agreements, contractual relationships or any other binding matters in the name of Triangle Special Hockey Association.

I understand that failure to meet these expectations may result in temporary suspension or expulsion from the program.

Volunteer's Name (Print): _____

Volunteer's Signature: _____ **Date:** _____

Address: _____

State: _____ **Zip Code:** _____ **Date of Birth:** ____/____/____

Home Phone: _____ **Work or Cell Phone:** _____

Email: _____

Please read and sign the "Waiver of Liability, Release Assumption of Risk & Indemnity Agreement"

Both forms must be submitted before volunteer participation