



City of Antigo

COACH AND/OR VOLUNTEER ACKNOWLEDGEMENT FORM

Initial  
Below

- 1. COACH: RESPONSIBILITY & ACCOUNTABILITY: I am willing to attend any and all coach meetings and informational sessions. If I am unable to attend the coaching meetings the coach discount may be removed from my account.
2. COACH: CONCUSSION INFORMATION: I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree that a child must be removed from practice/play if a concussion is suspected. I also understand that it is my responsibility to take appropriate action if a suspected concussion is reported to me. I understand participants cannot return to practice/play until providing written clearance from an appropriate health care provider to the Park & Recreation Supervisor and/or designee (office located in City Hall). I understand the possible consequences of a child returning to practice/play too soon.

Full concussion information sheet available by request and on the website.

A. COACH &/OR VOLUNTEER; BACKGROUND CHECK RELEASE: I hereby confirm the accuracy of the information provided and grant the department permission to process my application for serving as a volunteer and/or coach by reviewing my background as the department deems necessary. The department reserves the right to conduct a background check, through the Wisconsin Crime Information Bureau. I hereby release the Park, Cemetery and Recreation Department, its employees, representatives and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information. If you have any crimes against children you will not be considered as a coach or volunteer; in addition, the City of Antigo reserves the right to deny a coaching or volunteer position at any time for any reason.

B. COACH &/OR VOLUNTEER; INSURANCE INFORMATION: It is my desire to perform volunteer services for the benefit of the City of Antigo. I understand that the City is allowing me to perform these volunteer services subject to my complete understanding that the City of Antigo will not provide me with any type of insurance or other loss coverage.

C. COACH &/OR VOLUNTEER; HOLD HARMLESS INFORMATION: Based upon the above, I agree to indemnify, defend and hold harmless and release the City of Antigo and its elected and appointed officials, officers, employees and authorized representatives from and against any and all liability, loss, damage, expenses, costs (including attorney's fees) arising out of or in any way attributed to activities performed. I acknowledge that I have read it in its entirety, have given the terms due consideration, understand the terms and understand that I am freely and voluntarily giving up certain rights. I further intend that this agreement shall be binding upon all of my successors, heirs, assigns, receivers and the like.

BY MY SIGNATURE, I ACKNOWLEDGE ALL INFORMATION PROVIDED TO THE CITY OF ANTIGO TO BE CORRECT AND I ACKNOWLEDGE I HAVE BEEN OFFERED A COPY OF ALL POLICIES PERTAINING TO VOLUNTEERING AND/OR COACHING IN PRINT FORMAT.

LIST VOLUNTEER ACTIVITY and/or TEAM/ACTIVITY YOU WISH TO COACH: \_\_\_\_\_

COACH/VOLUNTEER NAME PRINTED \_\_\_\_\_ COACH/VOLUNTEER DATE OF BIRTH \_\_\_\_\_

COACH/VOLUNTEER SIGNATURE (if under the age of 18 Parent/Guardian Signature) \_\_\_\_\_ DATE OF SIGNATURE \_\_\_\_\_

\*ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\*Please complete the back of the sheet if, at any time, you have lived outside Langlade County

Please list all addresses that you resided in outside of Lantlade County

\*ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Dates of residence: \_\_\_\_\_

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\*ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Dates of residence: \_\_\_\_\_

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