

Volunteer's

Last, First Name: _____

E-Mail Address: _____

Address: _____

City, State, Zip: _____

Age: _____ Grade Level: _____

School: _____

Phone Number: _____

Coaches _____ Camp Instructors _____

I hereby certify that the above named adult granted to the participating and sponsoring agencies, officials and staff to render, secure and/ or authorize necessary medical attention. I understand and agree that Champions Academy is authorized to submit a background check on all volunteer participants.

Signature _____

Phone Number: _____

Emergency Contact: _____