

Kids Sports & Fitness Camp  
Volunteer Application

Submit to Fields & Jossi, LLC  
PO Box 358011  
Gainesville, FL 32653

Name (Last, First) \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

2. Tell us your experience with children. \_\_\_\_\_

\_\_\_\_\_

3. What do you expect to gain from this experience? \_\_\_\_\_

\_\_\_\_\_

**Assumption of Risk and Hold Harmless Agreement:** In accordance with the above, I understand the inherent risks associated with exercise and/or sports activities and voluntarily assume responsibility. In accordance with the above, "I agree not to bring legal action or suit against Fields & Jossi, LLC, its agents, employees, volunteers, heirs, sponsors or staff, emergency personnel, the physicians, the School Board of Alachua County, Westwood Middle School, its staff, volunteers, agents, or sponsors regarding emergency care, injury, loss or damage to the participant or property while participating in this camp. \_\_\_\_\_ **Parent/Guardian Initials**

**Consent for Emergency Medical Care:** I authorize the directors and/or staff of this camp to act for me according to their best judgment in any emergency which requires medical attention. \_\_\_\_\_ **Parent/Guardian Initials**

**Illustration & Publication Permission:** I permit Fields & Jossi, LLC to use, in whole or part, photographs, videos, written extractions, and voice recordings of my child. \_\_\_\_\_ **Parent/Guardian Initials**

Please circle your  
availability and  
indicate the times  
below the circle.

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
PM	PM	PM	PM	PM