

Class B Volunteer Registration

Special Olympics
Texas



Event and Location			Date
<input type="radio"/> Mr. <input type="radio"/> Ms.	Last Name	First Name	Middle
Email			ID Check
Address		City/State/Zip	
Phone ()		Other Phone ()	
Business or Organization Affiliation			
Emergency Contact		Phone ()	

Please read before signing. As a volunteer member of Special Olympics Texas, I agree to:

- Follow the policies, rules and procedures of Special Olympics Texas.
- Place the safety and well-being of the Special Olympics athlete as foremost.
- Interact with the Special Olympics athletes in the appropriate and dignified manner that any athlete or individual deserves.
- Represent Special Olympics Texas in a professional manner that represents a positive image to the community.
- Accept challenge using a constructive approach.
- Grant Special Olympics permission to use my likeness, voice and words in television, radio and film or in any form to promote the activities of Special Olympics.

I affirm that I have read the above and that the information I have given is true and complete.

Volunteer Signature	Date
Parent or Guardian Signature (for minors)	Date

NOTE: Parent or legal guardian must sign for minors. Being fully informed of requirements, I hereby consent to the minor's participation in SOTX activities.

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