



**Day of Event – Hoop Fest Canada: August 19<sup>th</sup>, 20<sup>th</sup> & 21<sup>st</sup> 2022**

Thank you for signing up for volunteering at Hoop Fest Canada. More details below are things we need to know to arrange everybody's roles for the event. Please help us complete them (below questions):

**Emergency Contact and Medical Information for Volunteer**

Volunteer Name

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Date of Birth

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Female Male Other Sex (Prefer not saying)

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Home Phone Cell Phone

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Address

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City

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Postal Code

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One piece of I.D that has volunteers' full name and photo on (Driving license/Passport/Student Card/...)

## Alternative Emergency Contacts

- Primary Emergency Contact

Name

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Home Phone

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Work Phone

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Cell Phone

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Address

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City

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Postal Code

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- Secondary Emergency Contact

Name

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Home Phone

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Work Phone

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Cell Phone

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Address

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City

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Postal Code

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**Skills/Experience (Please choose “YES” at least for 2)**

1. Customer Service & Hospitality (includes Information **Yes No** & Registration station, Donations, Vendor support and Hydration team) **Yes No** 2. Site Support (includes Grounds, Furniture/Equipment moving) **Yes No** 3. Basketball Experience/Skills **Yes No** 4. Childcare Experience/Skills **Yes No** 5. Music Production **Yes No** 6. Alternate (Assign where needed) **Yes No**

**Availability**

1. Saturday (August 19th) **Yes No** 2. Saturday (August 20th) **Yes No** Sunday (August 21st) **Yes No**

Your note (about your availability): \_\_\_\_\_

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**Medical Information (For Volunteers Above 18 Years Old)**

Hospital/Clinic Preference:

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Physician's Name:

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Phone Number:

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Insurance Company:

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Policy Number:

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Allergies/Special Health:

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Considerations:

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I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself and waive my right to informed consent of treatment. This waiver applies only in the event that neither Emergency Contact can be reached in the case of an emergency.

I understand that Hoop Fest Canada will not be responsible for any injuries of volunteers while volunteering at Hoop fest Canada.

Volunteer Signature

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Date

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Witness Signature

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Date

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**Hoop Fest Canada 2022 Parents' Permission Form, Your Child's Medical Information, Photo Release and Waiver of Liability (For Volunteers Under 18 Years Old)**

I, \_\_\_\_\_, agree to give my permission for my child/minor in my care \_\_\_\_\_ to volunteer at Hoop Fest Canada 2022 which will be held at Covent Garden Market from August 19th to August 21st.

**My Child's Medical Information:**

Hospital/Clinic Preference:

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Physician's Name:

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Phone Number:

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Insurance Company:

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Policy Number:

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Allergies/Special Health:

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Considerations:

**Release and Waiver:**

I authorize all my child's medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself and waive my child's right to informed consent of treatment. This waiver applies only in the event that neither Emergency Contact can be reached in the case of an emergency.

I understand that Hoop Fest Canada will not be responsible for any injuries of volunteers while volunteering at Hoop fest Canada.

**Photographic Release:** Hoop Fest Canada may wish to use photographs and videos of Hoop Fest Canada volunteers on the organization's website (hoopfestcanada.com and singlewomeninmotherhood.com), social media pages like Instagram and Facebook, publications, and marketing materials (both internet and print). Taken photos would highlight the volunteer(s) either demonstrating volunteer roles or participating in approved festival activities.

I understand that I authorize Hoop Fest (I agree to give my permission to Hoop Fest Canada) to use my child's photos and/or videos for the purposes mentioned. I understand and agree that Hoop Fest Canada can use these photos/videos in subsequent school years, unless I revoke this authorization by notifying Hoop Fest Canada in writing or by email.

Volunteer Signature

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Date

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Witness Signature

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Date

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Parent's/Guardian's Signature Date

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