

## **Coach/Volunteer Signup**

Coach Name		
Address		
Cell #	Mobile Carrier Company	
Email Address:		
Boat Brand:	Boat Model:	Boat Length
Motor Brand:	Motor Size:(HP)	
Insurance Carrier:	Insurance Policy #:	
Emergency Contact:	Relationship	
Emergency Contact Phone:_		
	Level of Volunteer	
	(Please check all that apply)	
Teaching Classroom	Assistant Coaching	Administrative Help
Advanced Bass Coaching	Sub Captain / Coach	Media/Advertising
Local Fishing Coach	Put me on email list	Other (Please Describe)
	STATEMENT OF RELEASE	
accidents or injuries to which myself activity. Participants in the above insurance policy. I furthermore here expressly assume all risks associate Youth Sports, B.A.S.S. LLC, TBF/S volunteers and tournament official connection with my participation in	ol, Community Education, their employed or member of my family might incur whil e mentioned activity are not covered under by agree to be bound and comply with all ed with the tournament series and local of SAF their parents, affiliations and subsidi ls from all claims of death, injury and/or a this club. I hereby allow Becker Bass Te zed for media accounts of Becker Bass Te	le participating in the above mentioned er the School District #726 medical tournament rules and regulations, and club activities. I hereby release Becker iary companies, the hosts, sponsors, property damage incurred by me in eam to use photos and media that is

Volunteer Signature:\_\_\_\_\_

\_Date:\_\_

For more information email/call/text:

• Becker Bass Team Coach: Dusty Wright <a href="https://beckerbassteam@gmail.com">beckerbassteam@gmail.com</a> 612-889-8425