



## **UNITED AGE GROUP TRACK COACHES ASSOCIATION**

1104 Summit Lane  
Oreland PA 19075  
215-402-9292

[www.uagtca.org](http://www.uagtca.org)

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April 2017

### **UAGTCA Community Service Graduation Requirement**

To All Coaches:

As you know, the aim of the United Age Group Track Coaches Association (UAGTCA) is to help its athletes develop mentally, physically, and socially. The organization has provided opportunities for its youth to have a quality organized track and field program.

The UAGTCA has decided to branch out a little further to help high school and college students fulfill their community service graduation requirement. During the four week developmental series in May and our championship in June, the organization is seeking responsible and extremely reliable students who are not competing in the meets, to volunteer their services during the meets. The organization will determine where the volunteers are needed. Each parent or guardian of the student volunteer will have to sign a parental permission slip and a waiver. At the completion of the UAGTCA series, the student will receive an official letter from the organization documenting their hours completed.

Coaches, please spread the word to your parents, family members and schools in your area. To best prepare for the meet operations, we are asking that you submit the names of the student volunteers to:

Rhonda Baker	610-285-2044	<a href="mailto:rmooore8630@aol.com">rmooore8630@aol.com</a>
Diane Jackson	215-402-9292	<a href="mailto:diane11jackson@gmail.com">diane11jackson@gmail.com</a>

Thank you,

Rhonda Baker, Vice President  
United Age Group Track Coaches Association



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**VOLUNTEER PARENTAL PERMISSION AND WAIVER**

<b>NAME OF VOLUNTEER</b>		<b>GENDER</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>VOLUNTEER'S PHONE NUMBER</b>		<b>VOLUNTEER'S EMAIL</b>	
<b>SCHOOL / COLLEGE</b>			<b>CURRENT GRADE</b>
<b>PARENT / GUARDIAN NAME</b>			
<b>PARENT / GUARDIAN CONTACT NUMBER</b>		<b>PARENT / GUARDIAN EMAIL</b>	
<b>DOES THE VOLUNTEER HAVE A MEDICAL PROBLEM</b>	<b>YES</b>	<b>No</b>	
<b>IF YES, NATURE OF THE PROBLEM</b>			
<b>EMERGENCY CONTACT</b>		<b>EMERGENCY CONTACT PHONE</b>	

The United Age Group Track Coaches Association (UAGTCA) has my permission to transport my child to a hospital for emergency treatment. UAGTCA will notify the parent(s), guardian or designated emergency contact in case of emergency before a volunteer is treated at a hospital.

<b>Parent / Guardian Signature</b>	<b>Date</b>
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**WAIVER**

In consideration of participation as a volunteer, I, intending to be legally bound hereby do for myself, my heirs, executors and administrators, waive and release the United Age Group Track Coaches Association, their successors, representatives and assignees from any and all liability which may arise out of, result from, or relate in any way to my participation as a volunteer including claims for liability caused in whole or in part by the negligent acts or omissions of the United Age Group Track Coaches Association.

<b>Volunteer Signature</b>	<b>Date</b>
<b>Parent / Guardian Signature</b>	<b>Date</b>