



SUMMER SOLSTICE VOLUNTEER REGISTRATION FORM

Saturday, June 14, 2025

Please Print Legibly

Adult Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

You will be contacted via email with event day instructions. Please print email address clearly.

Volunteer Names (Adults)	Job #	T-Shirt Size	Volunteer Names (Children)	Job #	Age	T-Shirt Size

1	No Preference	5	Information Booth 1:30pm – 4pm
2	General Set Up 7am – 9:30am	6	Kids Land 11:15am – 1:30pm
3	Race/Parade 8:30am – 11:30am	7	Kids Land 1:30pm – 4pm
4	Information Booth 10:45am – 1:30pm	8	Clean Up 3:30pm – 5:30pm

I hereby waive, release and discharge myself, my heirs, executors, administrators and legal relatives any and all rights and claims which I have or may have against the organizers, volunteers, sponsors and property owners, resulting from my participation in this event. I certify that I have read the above statement and that it is contractually binding. I understand that photographs and videos may be taken of me and I give my permission to the Clark Memorial YMCA to use these images for promotion, public relations, records or other legitimate purposes.

Signature (if under 18, parent must sign): _____

Are you volunteering to fulfill community service requirements? ☐ Yes ☐ No