

# VOLUNTEER APPLICATION

## Community Options, Inc.

4th Annual iMatter Surf Camp for Kids with Autism

Saturday, August 14, 2010

Cupsogue Beach –Westhampton, New York

Registration Begins: 9:30am

Camp begins at: 11:00am

*Lunch is provided*



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**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**\*\*\*Volunteers should show up to the camp by 9:00am on the day of the camp\*\*\***

**Waiver/Release:** in consideration of this entry being accepted, I hereby, for myself, heirs, executives and administrators, waive and release all claims and causes of action I have against Community Options, Inc, iMatter Surf Camp, Suffolk County, Cupsogue Beach, volunteers, and any all parties involved in the iMatter Surf Camp, for injuries I may suffer, and for any other loss or liability connected with the event. I certify I am physically able to participate in the event and grant permission to use my likeness in any photographic record of Community Options, Inc.

\_\_\_\_\_  
Signature (Parent/guardian if participant is under 18 years of age)

\_\_\_\_\_  
Date

Please email or fax your registration to the attention of:

Jessica Guberman

Fax- 973-927-5170

[jessica.guberman@comop.org](mailto:jessica.guberman@comop.org)