

JACKSON LACROSSE CLUB
VOLUNTEER WORK BOND FORM – 4 HOUR WORK DUTY
Complete ONE Form Per Family = DO NOT DATE CHECK

Name(s) & Grade of all children registered for this upcoming seasons

Name of person(s) who will work:

Primary Email address of worker Cell phone # Home phone #

All assignments will be scheduled at time of registration, Timetosignup.com, or through email.
Volunteers will receive an email indicating assignment date(s), time(s) and location(s).

Work bond terms:

1. I agree to appear at time and place as designated by the work bond email. If I fail to appear, I understand that my work bond will be forfeited and will be cashed by the Jackson Lacrosse Club (JLC).
2. If for any reason the JLC is unable to cash the work bond check, I understand that my child(ren) will be ineligible to participate in any future JLC activities until such time as the work bond and any associated bank fees/penalties are paid in full.
3. I understand that if for any reason I am unable to perform my assignment, then it is my responsibility to find a replacement (age 18 or over) or forfeit the work bond fee. The name of the replacement must be furnished to the JLC in advance.
4. If the work bond assignment is cancelled by the JLC (field closings, inclement weather, etc.) and is not reassigned you will be released from your work bond obligation.
5. I understand that only upon completion/release of my work bond assignment, shall the work bond check be shredded and destroyed by JLC.

Signature (constitutes understanding of work bond terms) Date _____

DONATION OPTION:

In lieu of my work bond obligation, I agree to donate my \$100.00 work bond fee to JLC.

Signature _____ Date _____

For JLC only
Date Time Location

Tournament _____

Regular Season _____