



## Volunteer Registration Form

*Capper Foundation July 7-11, 2025  
Hummer Sports Park – Capitol Federal Natatorium  
530 SW Tuffy Kellogg Drive, Topeka, KS 66606  
Capper Foundation  
3500 SW 10<sup>th</sup> Ave., Topeka, KS 66604*

We are pleased to offer this swim program to people with disabilities.  
You play an important part in helping our swimmers reach their goals.

**\*\*\*NO PRIOR EXPERIENCE WITH PEOPLE WITH DISABILITIES NECESSARY\*\*\***

**AGE REQUIREMENT: Volunteers must be at least 15 years old**

**SKILL REQUIREMENT: Volunteers must be comfortable in the water**

### Volunteer Information:

Name:	
Gender (M or F):	
Age:	
T-Shirt Size:	S M L XL 2X 3X
E-Mail:	
Cell Phone:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone:	

Comments:
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### Volunteer Orientation:

Please plan to attend a 30-minute Parent & Volunteer Orientation (for parents of swimmers and all volunteers) on Sunday, July 6<sup>th</sup> at 3:00 pm at Capper Foundation - 3500 SW 10<sup>th</sup> Ave., Topeka, KS 66604. A 60-minute Volunteer Training will follow the orientation from 3:30 – 4:30 pm. During the orientation and training you will learn about how the iCan Swim program operates, what to expect in your role as a volunteer and receive specific training on how to work with the swimmers during the camp week. One hour of the training will be in the

pool. **Please wear a swimsuit and bring a towel.** This training is important to the success of our swimmers. Please make every effort to attend.

**Please plan to arrive each day of camp 15 minutes prior to your session start time for a daily strategy/briefing session.**

### **Volunteer Role:**

You will be assigned to work with a swimmer as they learn basic skills such as entry, exit, breathing, floating, strokes, kicking, and body position. You will provide encouragement and physical support, as needed.

**Please place an "X" in the box below indicating your highest level of swim experience:**

<input type="checkbox"/>	I am a beginning swimmer
<input type="checkbox"/>	I am an intermediate swimmer
<input type="checkbox"/>	I am an advanced swimmer (swim team or other competitive level)
<input type="checkbox"/>	I am a certified lifeguard or swim instructor

Comments (e.g. physical limitations, prior experience with children, children with disabilities, etc):
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### **Session(s) Volunteering For:**

**NOTE: Volunteers will be active for a 45 or 60- minute session so please keep this in mind when volunteering for multiple sessions.**

We ask volunteers to commit to attending **all 5** days of camp for the session(s) you select. Our swimmers bond with their assigned volunteers and rely on the same person to be there to support them each day of camp.

Please place an "X" in the box(es) indicating the session(s) for which you would like to volunteer:

<input type="checkbox"/>	Session #1: 8:30 am – 9:15 am (M, T, TH, F at Copper pool, W at Natatorium)
<input type="checkbox"/>	Session #2: 9:45 am – 10:30 am (M, T, TH, F at Copper pool, W at Natatorium)
<input type="checkbox"/>	Session #3: 11:00 am – 12:00 pm (M, T, TH, F at Copper pool, W at Natatorium)
<input type="checkbox"/>	Session #4: 1:15 pm – 2:15 pm
<input type="checkbox"/>	Session #5: 2:45 pm – 3:45 pm
<input type="checkbox"/>	I'm available to assist a swimmer still in need of support in aquatics classes following the iCan Swim program.
Comments (e.g. day you cannot attend or will be arriving late):	



**Volunteer Acknowledgment & Liability Release**  
**(Mandatory for Participation)**

Volunteer Name: \_\_\_\_\_

Volunteer's Parent Name (if Volunteer is under 18 years old): \_\_\_\_\_

The undersigned hereby agrees to the following:

**1. Assumption of Risk:**

I, \_\_\_\_\_, am the above Volunteer (if at least 18 years old) or indicated Volunteer's parent or legal guardian (if Volunteer is under 18 years old) and, for myself or on behalf of said Volunteer, have fully read the accompanying iCan Swim Volunteer Registration Form and the related materials made available to me describing the iCan Swim program ("Camp"), and I am aware of, understand, and assume the unavoidable risks of the inherently dangerous activity of spotting someone engaged in swimming, which involves movement and physical exertion that could result in, but not be limited to, severe bodily injury or death.

**2. Release of Liability:**

In consideration of iCan Shine, Inc. ("iCan Shine"), its affiliates Capper Foundation and Topeka Public Schools allowing the above named Volunteer's participation in the Camp, I, for myself and on behalf of said Volunteer, our heirs, administrators, personal representatives or assigns, hereby agree to release, indemnify, hold harmless and discharge iCan Shine, its owners, agents, employees, officers, executives, directors, representatives, affiliates, assigns Capper Foundation, Topeka Public Schools, sponsors / underwriters and their agents, employees, and officers of and from all claims, demands, causes of action, and liability, whether the same be known or unknown, anticipated or unanticipated, even if caused, in whole or part, **BY THE NEGLIGENCE OF ANY OF THE FOREGOING**. I further agree that I shall not bring any claims, demands, legal

action and causes of action, against iCan Shine and/or any of the foregoing for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by said Volunteer in relation to the facility and/or operations of the Camp, which shall include, but not be limited to, spotting and/or working with Swimmers while they are swimming or otherwise being near an aquatic environment at the facility during the Camp.

### **3. Indemnification:**

If, despite this release, I, the above named Volunteer or anyone on said Volunteer's behalf makes a claim against iCan Shine or any of the foregoing, I agree to indemnify and hold harmless iCan Shine and the foregoing from any litigation expenses, attorney's fees, loss, liability, damage, or cost that they may incur due to the claim(s) made against iCan Shine and the foregoing related to any of the activities or associated activities outlined above.

Further, I hereby expressly acknowledge that photographs and/or videos of said Volunteer could be taken by parties outside the control of iCan Shine and Capper Foundation, Topeka Public Schools, sponsors / underwriters in connection with participating in the Camp. I acknowledge that iCan Shine and Capper Foundation, Topeka Public Schools, sponsors / underwriters have limited or no control over such activities of third parties and have no control over any editing and/or use of such photos and/or video footage.

Signature of Volunteer (if 18 years or older) OR

Signature of Parent (if under 18 years old): \_\_\_\_\_