

VOLUNTEER IN YOUTH SPORTS CONSENT AND RELEASE FORM

	For Office Use Only:	
Date Received:	Received By:	

Section I - Personal Information

Customer Name (Maiden Name/Former Na	(City Resident? Yes No					
Social Security Number:							
Email:			Date of Birth:				
☐ Head Coach ☐ Assistant Coach	Team Name:				Age Group:		
Affiliated Recreation Club:			Sport:		Season:		
Customer Address:		City:		_ State:	Zip Code:		
Home Phone:	Work Phone:			_ Mobile Phone: _			
Emergency Contact Name:				_ Relationship:			
Emergency Contact Address:		City:		_ State:	Zip Code:		
Home Phone:	Work Phone:			_ Mobile Phone: _			
What disabilities or conditions do you hav	e which might limit pa	articipation	1? (Optional)				
What medications, if any, do you take at t	his time? (Optional)						
What allergies, if any, do you have at this	time? (Optional)						
Section II - Indemnification and Authorized Signatures							
I, the undersigned, by execution of this qualifications to coach in the City of Roar of my background check report and (2) or responsible for conducting the background	oke Parks and Recrea challenge the accurac	ition athlet y of any ir	ic program; I und Iformation contain	erstand that I hav led in this report	re a right to: (1) obtain a copy		
By signing this application, I agree to the against me for any of the disqualifying cr serving as a volunteer coach for the City of I am charged with any of the disqualifying	imes listed on page t of Roanoke Parks and	hree (3) of	the Background S	Screening Policy.	I agree that at all times while		
Print Customer Name:							
Customer Signature:				Date:			