



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 Name): _____ City Resident? Yes No

Social Security Number: _____

Email: _____ Date of Birth: _____ Male Female

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 have which might limit participation? _____

What medications, if any, do you take at this time? _____

What allergies, if any, do you have at this time? _____

Section II – Indemnification and Authorized Signatures

I, the undersigned, by execution of this document, give the City of Roanoke permission to conduct a background check regarding my qualifications to coach in the City of Roanoke Parks and Recreation athletic program; I understand that I have a right to: (1) obtain a copy of my background check report and (2) challenge the accuracy of any information contained in this report by contacting the third party responsible for conducting the background check by calling the telephone number listed on the report.

By signing this application, I agree to the following: I certify that I have not been convicted and do not have charges currently pending against me for any of the disqualifying crimes listed on page three (3) of the Background Screening Policy. I agree that at all times while serving as a volunteer coach for the City of Roanoke Parks and Recreation Department, I will immediately notify the Volunteer Coordinator if I am charged with any of the disqualifying crimes.

Print Customer Name: _____

Customer Signature: _____ Date: _____