

## **VOLUNTEER IN YOUTH SPORTS CONSENT AND RELEASE FORM**

Mobile Phone:

DOANOKE			For Office	e Use Only:	
ROANOKE PARKS AND RECREATION		ved:	Re	eceived By:	
Section I - Personal Informat	ion				
Customer Name (Maiden Name/Former N	ame):				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 Phor	ne:
Emergency Contact Name:				Relationship	o:
Emergency Contact Address:		City:		State:	Zip Code:

## Section II - Indemnification and Authorized Signatures

What medications, if any, do you take at this time? (Optional)

What allergies, if any, do you have at this time? (Optional)

What disabilities or conditions do you have which might limit participation? (Optional)

Work Phone: \_\_\_\_\_

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: