



VOLUNTEER IN YOUTH SPORTS
Consent/Release Form

NYSCA
Chapter ID# **404**

Year _____ Sport _____ Season _____ +

League/Age Group _____ Team Name/Coach _____ +

Applicant's Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named
(Name of Applicant) organization to obtain information regarding myself.

This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____

Fax to 1-866-220-6144 or email document to backgroundchecks@dacula.com