



**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 organization to obtain information regarding myself.  
(Name of Applicant)

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: \_\_\_\_\_

**Hand in to League Director or email to [backgroundchecks@dacula.com](mailto:backgroundchecks@dacula.com)**