



CORAL SPRINGS YOUTH SOCCER
Consent/Release Form
2011-2012 Season

Last Name

First Name

Middle Name

Former Last Name (Maiden Name)

Date of Birth

Gender (M/F)

Social Security Number

Driver's License Number

Email Address

Current Address

City

State

Zip

I, _____, do hereby authorize and give consent for Coral Springs Youth Soccer to obtain information regarding myself. This may include any or all of the following:

- Criminal background records/information
- Sex offender registry check
- Driver's license check
- Training/experience
- Personal references
- Addresses

I understand that such information will be used to determine my involvement in the Coral Springs Youth Soccer program.

I, the undersigned, authorize this information to be obtained 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