



**VOLUNTEER IN YOUTH SPORTS
Consent/Release Form**

NYSCA Chapter ID# _____

Baseball Soccer Hockey Misc

Name of Organization: Columbus Parks & Recreation Department

Applicant Name (First/Last) _____ **SSN** _____

Phone Number _____ **Date of Birth** _____

Email _____

Address (City, ST, Zip) _____

I, _____ (name of applicant) authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry checks
- Address trace
- Social security number verification

Print Name _____ **Date** _____

Signature _____

If volunteer is less than 18 years of age, the Parent/Guardian consent/release below is required.

I, _____ (name of legal guardian), the legal parent/guardian of the above listed person, do hereby authorize the release of criminal history information on my child for the purpose of volunteering in youth related activities for the Columbus Parks & Recreation Department.

Print Parent/Guardian Name _____ **Date** _____

Parent/Guardian Signature _____

Return completed form by email, mail, fax or in person to Tonia Medaris.

Mailing: Columbus Parks & Recreation
Attn: Tonia Medaris
PO Box 858
Columbus, IN, 47202

In Person: Donner Center
739 22nd Street
Columbus, IN, 47201

Fax: (812) 378-2892
Email:
parks@columbus.in.gov