



VOLUNTEER IN YOUTH SPORTS

Consent/Release Form

Baseball/Softball/T-ball Soccer Hockey Basketball
Volleyball

Name of Organization: Sainte Genevieve County Community Center

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 Sainte Genevieve County Community Center.

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

Parent/Guardian Signature _____

Return completed form by email, mail, fax or in person to Bryan Gegg.

Mailing: SGCCC, PO Box 403, Sainte Genevieve MO 63670

In Person: SGCCC, 21390 Highway 32, Sainte Genevieve MO 63670

Fax: (573) 883-1037 Attn: Bryan Gegg

Email: bgegg@sgccc.com