



**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 22<sup>nd</sup> Street  
Columbus, IN, 47201

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