



VOLUNTEER IN YOUTH SPORTS
Consent/Release Form

Name of Organization

USA BOXING

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
Name of Applicant organization to obtain information regarding myself. This
includes the following:

- Criminal background records/information
- Sex Offender Registry Searches
- 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: