



UPA JUNIORS' CHAPERONE
CONSENT and RELEASE FORM (Version1.4)

Name of Organization: _____

Address: _____

Applicant's Name: _____

Other Names (Maiden, alias etc.) _____

Applicant's Home Address: _____

Street

APT.#

City

State

Zip Code

Home Phone: (____)_____ Social Security Number: ____ - ____ - _____

Drivers License Number: _____ State: _____

I _____, authorize and give consent to
Name of Applicant

The Ultimate Players Association to obtain information regarding myself. This includes but is not limited too: Criminal Background records/information, Criminal Background check/fingerprint, Driver's License check, Personal references, Coaching experience and First Aid experience.

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 or liability for compliance. Such information will be held in confidence in accordance with Ultimate Players guidelines.

I _____, understand that I am responsible for obtaining
Name of Applicant
Medical Authorization forms for each of the minors on my team and having them available at UPA sanctioned events.

Name (printed): _____

Signature: _____

Date: _____