



**UPA JUNIORS' CHAPERONE**  
**CONSENT and RELEASE FORM (Version1.3)**

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.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_