

Consent

Agreement

Thank you for your interest in coaching youth hockey. It is support from volunteers like you, which make youth hockey a reality for many area youths.

I, (Coach), authorize and give consent for the West Madison Polar Caps Youth Hockey Association to obtain information regarding myself. This includes the following:

Criminal background records/ information Drivers license check Training and experience
Personal references

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.

The Submission of a coach's application does not guarantee a coaching position for the season. The number of coaches required, experience and references would all be considered when appointing coaches. Some coaching position assignments are dependent on which team the coach's player ends up on and will not be determined until after tryouts. The club reserves the right to place coaches in positions where they are most critically needed. Coaches with children who play will only be considered for teams that their kids play on unless otherwise requested by the coach.

Please complete with the West Madison Polar Caps by September 1 to be considered for a position for the season. Late applications will be at the discretion of the Board of Directors.

I authorize and give consent for the West Madison Polar Caps Youth Hockey Association to obtain information regarding myself. :*

Please check all of the following

- Criminal background records/information
- Drivers license check
- Training and experience
- Personal references

Electronic Signature:*

- I have read, understand and agree to comply with the agreement as outlined above.