



## Adult Informed Consent Form

Mail to: Plymouth Soccer Association -14800 34th Ave .No. - Plymouth, MN 55447

Office Phone 763-450-3099

**Please print legibly in ink**

Last Name: \_\_\_\_\_

First Name (full): \_\_\_\_\_

Middle (full): \_\_\_\_\_

Maiden, Alias or Former: \_\_\_\_\_

Date of Birth (mm/dd/yr): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(H) Phone: (\_\_\_\_\_) \_\_\_\_\_ (W) Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Coaching License Level: \_\_\_\_\_

**Circle ALL that apply:**

Recreational Coach      Travel Coach      Travel Asst. Coach      PSA Board Member

Travel Team Parent      Travel Team's Gender/Age Group: \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to MYSA and PSA and/or their designated agents, for the purpose of volunteering and/or working for the PSA organization. This authorization shall be effective for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Name (please print)**

Witnessed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**THIS FORM MUST BE NOTARIZED FOR 2007 SEASON**