

Rochester Youth Fastpitch Softball Association
2829 Shadow Dr. SE
Rochester, MN 55904
(507) 288 - 6377

Date: _____

The following named individual has volunteered to serve as a head coach for the Rochester Youth Fastpitch Softball Association.

Last Name (please print) _____

First Name (please print) _____

Full Middle Name (please print) _____

Maiden, alias, or former (please print) _____

Date of Birth _____ Sex (M or F) _____
Month/Day/Year

Social Security Number (Optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Rochester Youth Fastpitch Softball Association for the purpose of screening head coaches.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of head coach _____

Date: _____

Notary: