EAST LINCOLN OPTIMIST CLUB
REGISTRATION AND AUTHORIZATION
FOR COACHES

THIS AUTHORIZATION FORM ALLOWS THE COMMUNITY LAW ENFORCEMENT DEPARTMENT TO RELEASE ARREST HISTORY, RECORD INFORMATION, OR NAME CHECK FOR THE FOLLOWING INDIVIDUAL:

NAME_____
(FIRST) **(MIDDLE)** **(LAST)**

ADDRESS_____

SOCIAL SECURITY # _____ SEX_____

RACE (CIRCLE ONE) African-American Asiatic-American Caucasian-American Hispanic-American

Native American Other_____ I choose to not provide race information

PLACE OF BIRTH_____

HEIGHT___ft_ _ _ in WEIGHT_____lb DATE OF BIRTH_____
(**optional)** **month day year**

DRIVER'S LICENSE # _____STATE _____

COACHING, YOUTH LEADERSHIP, ATHLETIC EXPERIENCE, AND / OR COMMENTS:

_____
_____

I do hereby authorize the community Law Enforcement Department to release any information on file or run an information search for the above name and description. I understand the information released may prove unfavorable to me. I agree la hold any source of information blameless for any error in reporting this information. I release all persons from any liability arising out of or resulting from the release of this , information.

SIGNATURE OF APPLICANT: _____DATE: _____

PRINT APPLICANT SIGNATURE: _____

WITNESSED BY: _____ DATE:_____

PRINT WITNESS SIGNATURE:_____