



AUTHORIZATION FOR MINORS

I _____ swear or affirm that I am the parent or guardian of _____ and that there are no legal, moral or ethical reasons

why _____ should not be allowed to be a _____
he/she _____ coach, assistant coach, team manager, other

for the _____. Further, I authorize the
team name, club name, league name, etc.

_____ to contact _____
team, club, coach, etc.

who can attest to the character and fitness of _____. They can
reached at _____.
phone number, address, email address, etc.

The _____ may perform any reasonable background
Club, league, coach, etc.

check with _____ to confirm there are no legal or
school, law enforcement, or other agency

moral reasons to not allow _____ to perform these duties.

Dated _____

Signature

Printed Name