

LSA RISK MANAGEMENT AUTHORIZATION FOR MINORS

I, \_\_\_\_\_ swear or affirm that I am the parent or guardian  
(print name)

of \_\_\_\_\_ and that there is no legal, moral or ethical reason  
(print name)

why \_\_\_\_\_ should not be allowed to be a (check appropriate box(s)):  
(print name)

coach     assistant coach     manager     trainer     referee

other \_\_\_\_\_

for : Club name \_\_\_\_\_ Team Name \_\_\_\_\_.

Further I authorize LSA or it's affiliates to contact the following person(s) who can attest to the character and fitness of \_\_\_\_\_.  
(print name)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I further authorize LSA or it's affiliates to perform any reasonable background check to confirm there are no legal or moral reasons not to allow \_\_\_\_\_ to perform these duties.  
(print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

Mail in envelope marked "Confidential – Risk Management" to:  
Louisiana Soccer Association  
475 Gardere Ln  
Baton Rouge, LA 70820