

Attention: City of Camrose Police Department or RCMP

The Camrose & District Soccer Association is authorizing the \$_____ fee that is being charged for a “Criminal Records Check” for the bearer of this form be charged to the soccer association's account. The individual's printed name and signature must appear below.

Attention: Coaches- THIS FORM MUST BE LEFT WITH THE POLICE DEPARTMENT.

Please fill out the information below prior to getting your check done.

Please circle the age group that you are involved with:

U4 U6 U8 U10 U12 U14 U16 U18

Print Name: _____

Signature: _____

Home Phone #: _____

Thank you for your assistance in this manner,

Camrose & District Soccer Association Executive

Box 1823, Camrose, Alberta, T4V 1X7

www.camrosesoccer.com

