

**USA Softball Background Check Release and Authorization Form for Independent Contractors and Volunteers**

**Disclosure and Authorization**

In connection with my application to serve as an independent contractor or volunteer with USA Softball, Inc., its affiliates, and/or any of its local associations (collectively "Client" or "USAS"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment, independent contractor or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc. (or any successor USAS contractor), a consumer reporting agency as defined by the Fair Credit Reporting Act (hereinafter "Protect Youth Sports"). These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a contractor or volunteer, whichever is applicable, throughout the course of my employment, service or volunteer service, as permitted by law and unless revoked by me in writing. I understand that if USAS makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see [www.protectyouthsports.com](http://www.protectyouthsports.com).

**Acknowledgement and Authorization**

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

<p><b>Residents of Washington State <u>only</u>:</b></p> <p>Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.</p>	<p><b>Residents of Minnesota and Oklahoma <u>only</u>:</b></p> <p>Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.</p> <p><input type="checkbox"/> I wish to receive a copy of any consumer report on me that is requested.</p>
<p><b>Residents of New York <u>only</u>:</b></p> <p>Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.</p> <p><input type="checkbox"/> I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.</p>	<p><b>Residents of California and Maine <u>only</u>:</b></p> <p>Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.</p> <p><input type="checkbox"/> I wish to receive a copy of any report on me that is requested.</p>

Print Name: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_ Phone # \_\_\_\_\_

Aliases/Other Names Known By (in last ten years) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number SSN may be requested at a later time \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Position with USAS \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ USAS ID Card Member # \_\_\_\_\_

Current Address \_\_\_\_\_ City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Prior Address (if within last 5 years) \_\_\_\_\_ City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**\*\*\*Include and Attach a Legible Photocopy of your Driver's License or State Issued ID to this Disclosure and Authorization\*\*\***

Applicant Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ (12-16a Rev)



**KATY GIRLS SOFTBALL, INC.**  
*League Manager's/Coach's Application*

Age Group (Circle One) 6&U 8&U 10&U 12&U 13&UP

Applicant's Legal Name: \_\_\_\_\_  Manager  Assistant Coach

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Tx Drivers License # \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Daughter Name: \_\_\_\_\_ Age: \_\_\_\_\_

**EXPERIENCE:**

Managed/Coached previously in KGSA?  YES  NO How Many Years \_\_\_\_\_ Have you been to an KGSA/Mgrs Clinic?  YES  NO

Teams Managed/Coached: (include all team names, age brackets and years ) \_\_\_\_\_

Managed/Coached in other leagues/sports (please list all) \_\_\_\_\_

Why would you be a good manager/coach? \_\_\_\_\_

Why do you want to manage/coach? \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager Request: \_\_\_\_\_

League Notes: \_\_\_\_\_

**Please fill out the information requested below for a background check to manage a KGSA league team.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Full Name: \_\_\_\_\_ (First, Middle, and Last Name)

TX Drivers License #: \_\_\_\_\_ Other Drivers License #: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

**Adult Waiver/Release**  
**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**  
**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in \_\_\_\_\_  
(Name of Organization)

athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** \_\_\_\_\_ (Name of Organization) their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(Participant's Signature) DATE SIGNED: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

\_\_\_\_\_  
(Parent/Guardian Signature) DATE SIGNED: \_\_\_\_\_  
Emergency Phone Number: (\_\_\_\_\_) \_\_\_\_\_