

Alabama ASA League Coach Background Consent Form

First Name _____

Middle Name _____

Last Name _____

Suffix _____ (ie. Junior, Senior, I, II, etc)

Address _____

City _____ State _____ Zip _____

SSN _____ Date of Birth _____

Driver License Number _____

Driver License State _____

Email Address _____

Signature _____ Date _____

ASA's Minimum Criteria for Known Offenses

Registered Sex Offender

Murder

Manslaughter

Robbery

Kidnapping

Aggravated Assault

Burglary

Arson

Reckless Homicide

Aggravated Domestic Violence

DUI – 3 or more in less than 7 years

Contributing to the Delinquency of a Minor

Child Seduction

Criminal Deviate Seduction

Sexual Misconduct of a Minor

Child Molesting

Child Solicitation

Rape

Felony and Class A/B Drug Offenses

Sexual Assault

Embezzlement

Felony Theft

Injury to a Child

Child Pornography

A conviction of any of the above offenses mandates exclusion from participation in any ASA Junior Olympic activity and/or program.

Anyone attempting to or providing false information will not be allowed to continue an association with the Alabama ASA.

Cost of Coach Background Check is \$8.00.

AMATEUR SOFTBALL ASSOCIATION
NOTICE OF BACKGROUND CHECK AND CONSENT
IMPORTANT –PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The Amateur Softball Association of America (ASA) is a volunteer driven not-for-profit organization. One of ASA's objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of Softball. You are already working with ASA or you have expressed an interest in becoming a member of ASA on a voluntary basis. Consistent with promoting wholesome and safe competition, ASA may perform criminal background and/or motor vehicle record (or "driving record") checks on you pursuant to your written consent and instructions below. Accordingly, ASA may obtain reports on your criminal background and/or driving history from a "consumer reporting agency." The report may include information gathered from county, federal, statewide or other record searches, as guided by personal identifier information obtained through a Social Security Number trace, name address or other information. You may refuse to provide your consent to a background check, however, your refusal may affect your ability to participate in ASA programs. NOTE: Conducting a Social Security Trace does NOT access the subject's credit history nor affects the subject's credit score or credit rating. Please note that by signing below you are authorizing and instructing ASA to immediately obtain criminal background and driving record reports from a third party (utilizing a Social Security Number trace or other information such as your name, address or driver's license number) as ASA deems necessary and appropriate. Moreover, you are allowing and instructing ASA to obtain those reports from a third party on an ongoing basis without any additional notice or consent for as long as you are a volunteer member of the ASA. You may revoke this consent at any time by providing ASA with a written notice of revocation.

AUTHORIZATION, CONSENT AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby voluntarily consent to ASA obtaining a background check on me and I authorize and instruct ASA to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number trace or other information such as my name, address or driver's license number) as ASA deems necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with ASA. Accordingly, ASA may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis (i.e. annually or semi-annually) throughout my association with ASA without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and not credit history) requested by any third party "consumer reporting agency", another outside organization acting on behalf of ASA, and/or ASA itself. I agree that a facsimile ("fax") or photographic copy of this Authorization and Instruction shall be as valid as the original.

Include a Legible Photo Copy of your Driver's License Attached to this document.