

Background Check Information

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| Date of birth: | |
| DL #/State Issued: | SS#: |
| Previous Address: | #, Street City, St. Zip: |
| <p>Have you ever had any type of disciplinary action taken against you or complaints made? ___ Yes ___ No (i.e. use of inappropriate language/inappropriate actions/ejection from a game/dismissal from a coaching position/alcohol, etc.)</p> <p>If yes, explain.</p> | |
| <p>Have you ever been arrested, charged, or convicted of a misdemeanor or felony and/or received probation or deferred adjudication? ___ Yes ___ No</p> <p>If yes, explain. (i.e. Where, When, What Reason, Outcome)</p> | |

PLEASE READ BEFORE SIGNING

- Volunteer Cost: \$55 & time (Includes shirt, coaches badge, insurance, background check, etc.)
- The cost of the background check will be deducted from all refunds. **NO REFUND** will be issued after the team draft.
- There will a \$30.00 service charge on **ALL** dishonored checks. **ALL** dishonored checks shall be redeemed with cash, cashier check or money order. All and any information received by the Association will be used as needed to collect on dishonored checks.
- I understand as a Board Member, Coach and / or Team Mom, I may come in contact with privileged information that I am required to keep in confidence. Failure to do so may lead to disciplinary or legal action. As a Board Member, Coach and / or Team Mom, I will be responsible to volunteer & recruit volunteers during the season for concession, field clean-up, and / or spirit sales.
- By signing below, I am subject to the rules and By-laws of the Arlington Blue Devils and North Texas Youth Football Association.
- I further understand that ABD takes pictures at all ABD functions and they could be use for advertisements and / or Website and grant ABD permission to use named player.

In consideration of my participation in the Arlington Blue Devils Sports Association, I do hereby for myself, my heirs and executors, waive, release and forever discharge any and all rights claims for damages which I may have or which may hereafter accrue to me, against the Board of Director, Sponsors, Coaches, and those officiating the games, or their agents, for any and all damages which may be suffered by me or my child in connection with any injury or bodily harm that may occur. I agree to follow all ABD By-Laws and / or division rules. The undersigned acknowledges that any false information on this application will be just cause for my child's team to forfeit any games won by the team.

- By signing this application, I verify that I have provided the information above voluntarily and that all information I have given is accurate. In addition, I give ABD and its' Board of Directors authorization to verify any information which I have listed in this Volunteer Application.
- If I knowingly omit or provide false information, I will not be eligible to volunteer as a Elected Board Member, Team Mom, Head Coach, or Assistant Coach.
- As a Elected Board Member, Team Mom, Head Coach, or Assistant Coach, you will be required to attend meetings, clinics, and comply with all ABD and North Texas by-laws, rules and policies, as well as report all rule violations to the ABD Executive Board. Failure to comply with these requirements may be grounds for removal from your coaching or team mom position.

Applicant's Signature: _____ **Date:** _____