SSAA COACHING APPLICATION / BACKGROUND AUTHORIZATION				
FIRST NAME	MIDDLE NAME		LAST NAME	
HOME ADDRESS		EMAIL ADDRESS		
HOIVIE ADDRESS		EIVIAIL ADDRESS	1	
DATE OF BIRTH (MM/DD/YYYY)		CELL PHONE		
GENDER		RACE		
<u> </u>		10101		
PLEASE ANSWER THE FOLLOWING QUESTIONS:				
Do you have children or relatives playing for the SSAA? If yes, who, and what age?				
Have you ever been dismissed as a coach? If yes, please explain.				
Have you ever played baseball/softball? If yes, number of years played.				
Have you ever been charged with child abuse or neglect?				
Has your driver's license ever been suspended or revoked? If yes, please explain.				
Have you ever been convicted	Have you ever b	een convicted	Have you ever been convicted	
of a drug or alcohol related	of an assault related offense? If		of a sexual related offense? If	
offense? If yes, please explain.	yes, please expla	ain.	yes, please explain.	
Other than the above, is there any fact or circumstance involving you or your background that would				
call into question you being entrusted with the supervision, guidance, and care of young people? If				
yes, please explain.				
I understand that: The information that I have provided will be verified using ICHAT (Internet Criminal				
History Access Tool) and OTIS (Offender Tracking Information System). I hereby release and agree to hold harmless from liability any person or organization that provides information. Lake agree to hold				
hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Sunfield Summer Athletic Association, the executive board and all volunteers thereof. In				
sighing this application, I affirm th				
Signature			Date:	

Uniform Shirt Size	e
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