Background Consent/Release Form

Organization_____OGYA_____Team Name_____

Applicant's Legal Name (printed) ***You must put your full name that is on your social security card***

_____

Social Security Number_____Date of Birth_____

Phone Number_____

Applicant's Address

_____

City_____State_____ZIP_____

I,_____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- **Criminal background records/information**
- **Sex Offender Registry Checks**
- **Addresses**
- **Social Security Verification**

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with this application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

_____Date:_____

Signature:

_____

OGYA SPORTS USE ONLY

Team name or Head coach's name & age group:
Email address:
Cell phone:
Picture needed: Yes or No
Background check: New or Renewal
Notes:

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