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# Arizona Region Volleyball Association of USA Volleyball

2105 S. 48<sup>th</sup> Street, Suite 108

Tempe, Arizona 85282

Phone: (602) 454-1367 Fax: (602) 454-1427

Contact E-Mail: Azvolley@qwestoffice.net

## Consent and Waiver Release Form

All Fields are required. Missing information will delay the processing of this form.

Please check all that apply: <input type="checkbox"/> Coach <input type="checkbox"/> Team Representative <input type="checkbox"/> Chaperone <input type="checkbox"/> Official <input type="checkbox"/> Club Director/Administrator <input type="checkbox"/> Other (please specify) _____
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Applicant's Name (printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Initial Last

Club Name \_\_\_\_\_ SSN \_\_\_\_\_ E-mail \_\_\_\_\_  
Do not leave blank, if no SSN, write "No SSN"

Applicant's Present Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

1. Have you been convicted (past 10 years) of a felony? Yes  No   
(Certain convictions may not be an absolute bar to participation.)

Explain \_\_\_\_\_

2. Are you currently out on bail or your recognizance, pending trial for any felony offense? Yes  No

Explain \_\_\_\_\_

### **BACKGROUND SCREEN RELEASE:**

I hereby release and hold harmless USA Volleyball, the Regional Volleyball Associations, their employees and agents, from any liability resulting from a background screen, including the specifics listed below.

I, \_\_\_\_\_ (*Applicant*), authorize and give consent for the above named organization to obtain information regarding myself. This includes the following: Social Security Number Verification, Criminal background records/information, Driver's license check, and Addresses.

I the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my employment and/or volunteer 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.

Further, I understand that it is the policy of this organization that any member who participates with junior members in any capacity, including supervisory personnel, club directors, team representatives, coaches, chaperones and trainers shall submit to a background screen immediately upon application for registration and every second season thereafter as long as that individual is a registered member.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

### **DISQUALIFIERS:**

I understand that disqualification from all junior events and/or activities will result if I have been found guilty, pled guilty; or pled nolo contendere for criminal convictions for ALL Sex offenses, Murder, and Homicide regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offences in the past 7 years; any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any other crimes against children.

Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require the applicant to resubmit for a Background Screen clearance before further participating in junior events and/or activities.

Falsification of any information on any registration application or this form is grounds for membership revocation or denial of membership.

A conviction or falsification of information that results in revocation or denial of my registration forfeits all fees paid with my registration application.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_