

# La Canada Junior Baseball Softball Association

## 2010 COACH AGREEMENT & CRIMINAL BACKGROUND CHECK AUTHORIZATION

Welcome to the La Canada Junior Baseball Softball Association ("LCJBSA")! LCJBSA's many volunteers work hard to create youth sports programs that provide quality instruction in a safe and fun environment. In furtherance of these objectives, and in consideration for the right to allow your participation as a coach/volunteer, we ask that you acknowledge and agree to the following:

- I have read the LCJBSA Code of Conduct, a copy of which is available on the LCJBSA website at [www.lacanasports.net](http://www.lacanasports.net), and agree to abide by it.
- I acknowledge that a copy of the LCJBSA Rules and Regulations is available on the LCJBSA website. I will review and abide by all sections of the Rules & Regulations applicable to me and the team I am coaching.
- I acknowledge that the LCJBSA Board of Directors reserves the right to take all action it deems necessary to respond to conduct the Board determines, in its sole discretion, to be detrimental to the league, the game or the safety of players, coaches and spectators. Such action may include disqualifying a player, coach or spectator from further participation in LCJBSA programs.

### ASSUMPTION OF RISK & INDEMNIFICATION

I hereby certify that I am fully capable of participating in baseball/softball and that I have no physical or mental injuries, disabilities or infirmities that would restrict full participation in these activities, except as made known to LCJBSA in writing. I UNDERSTAND THAT THERE ARE HAZARDS AND RISKS OF SERIOUS INJURIES, EVEN DEATH, INHERENT IN THE PRACTICE, PLAY AND COACHING OF BASEBALL AND SOFTBALL. These risks include, but are not limited to, hazards associated with weather, playing conditions, equipment and other participants. I KNOWINGLY AND VOLUNTARILY ELECT TO ACCEPT AND ASSUME ALL RISKS OF INJURY INCURRED OR SUFFERED BY ME: (a) while coaching a LCJBSA team, (b) while serving in a non-coaching capacity during practice or play by other teams or by players on my team, and (c) while on or upon the premises of any field arranged for by LCJBSA for practice or game play.

I agree that I shall indemnify and hold harmless LCJBSA and all of its directors, officers, coaches, employees, agents, sponsors, servants or any person acting on behalf of LCJBSA from and against any and all claims, causes of action, liability, losses, costs or expenses (including attorneys' fees), whether related to personal injury or property damage, arising out of my participation in any LCJBSA activity or any criminal background checks on me obtained by LCJBSA or other organizations on its behalf.

### BACKGROUND CHECK DISCLOSURE & AUTHORIZATION

LCJBSA requires all coaches submit to a criminal background check prior to being approved to coach a team, even if you were subject to a background check for last season. LCJBSA has arranged for the Amateur Softball Association ("ASA") to administer the background checks for all LCJBSA coaches. **You must complete and return the attached ASA Notice of Background Check form and a legible copy of your drivers license to LCJBSA.** For more important information please review the LCJBSA Policy on Background Checks available on the LCJBSA website. The following Consumer Reporting Agency will prepare the report, though the agency may be changed at the discretion of ASA without notice: ***ChoicePoint Workplace Solutions, Inc., Consumer Center - P.O. Box 105108, Atlanta, Georgia 30348-5108. Phone: 1-800-845-6004 (www.volunteerselectplus.com).***

**I HAVE CAREFULLY REVIEWED THIS 2010 COACH AGREEMENT & BACKGROUND CHECK AUTHORIZATION AND THE LCJBSA POLICY ON BACKGROUND CHECKS. I AUTHORIZE LCJBSA AND ASA TO OBTAIN A CRIMINAL BACKGROUND CHECK ON ME, INCLUDING DRIVING RECORDS. I HAVE CAREFULLY REVIEWED THE ASSUMPTION OF RISK & INDEMNIFICATION, FULLY UNDERSTAND THE TERMS THEREIN, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING THIS DOCUMENT, AND SIGN VOLUNTARILY. I AGREE THAT A COPY OF THIS AGREEMENT SHALL BE AS VALID AS THE ORIGINAL.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

# AMATEUR SOFTBALL ASSOCIATION - NOTICE OF BACKGROUND CHECK AND CONSENT

## IMPORTANT –PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The Amateur Softball Association of America and/or its local associations (collectively, "ASA") are volunteer driven not-for-profit organizations. 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 volunteer with ASA. 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. ASA has contracted with ChoicePoint, a consumer reporting agency, to provide the consumer reports. ChoicePoint may be contacted by mail at ChoicePoint, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. Please note that ASA does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, national origin or ancestry. The types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by ChoicePoint from public record sources. The consumer reports will not include credit record checks. The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to ChoicePoint at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are attached to this form.

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 or otherwise associated with 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 but not credit history) requested by any third party "consumer reporting agency", another outside organization acting on behalf of ASA, and/or ASA itself. I understand that if ASA makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. 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.

[SSN is not yet needed but may be requested and required at a later time]

Printed Name (Full Legal Name)

Social Security Number

Signature

Date

Date of Birth (for identification purposes only)

All other names or aliases used within the past ten years

Driver's License No. and State

Residence, Street Address

Prior Residence Address within last 5 years (Street Address)

Residence, City, State and Zip

Prior Residence Address within last 5 years (City, State, Zip)

**ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS**

**California**

Under California law, the consumer reports described above that we will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by ChoicePoint, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at ChoicePoint's offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. ChoicePoint will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

**For Applicants in California, Minnesota, and Oklahoma Only**

You have the right to request a free copy of any report procured on you. If you would like to receive a copy of the background check information obtained on you please indicate by checking the following box and signing below.

Yes, I would like to be provided with a copy of the background check information and request that you forward the information to me at the following address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*In the event you elect to receive a copy of your information, you are required (on an ongoing basis) to keep ASA informed of any address changes so that your background check information is not forwarded to an old address.

**New York**

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with us. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was request, of the name and address of the consumer reporting agency that furnished the report.

**My signature below indicates that I have read, understand, and accept the accompanying disclosures and notices.**

\_\_\_\_\_  
Signature