

(For Official Use Only)

NAME: _____

Date Received: _____ Date Screened: _____ Initials: _____

Adventure Soccer Team Screening Form

This form authorizes Adventure Soccer to obtain background information. Adventure Soccer will keep this form on file for one year after requesting a background check.

I, the undersigned, authorize Adventure Soccer to procure background information about me. This report may include driving history; including any traffic violations; present and former addresses: Criminal and civil/history records: and the state sex offender records.

Print Name: _____

First name

Last Name

Middle initial

Other Names: _____

(Alias, Maiden, Nick Name)

Current Address: _____

Street/PO Box

City

State

County

Have you lived in any other state? _____ Please list _____

Date of Birth: _____ Gender: _____

Phone: (_____) _____

E-Mail Address: _____

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References (3 are required that are not related to you)

Name Phone # Years Known

Name Phone # Years Known

Name Phone # Years Known

Emergency Contact Name _____

Emergency Contact Phone # _____

I have read & understand the Adventure Soccer

SEXUAL ABUSE PREVENTION POLICY & PROCEDURES

Signature: _____ Date: _____