

**AMATEUR SOFTBALL ASSOCIATION
NOTICE OF BACKGROUND CHECK AND CONSENT**

IMPORTANT –PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The Amateur Softball Association of America (ASA) is a volunteer driven not-for-profit organization. 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 member of ASA on a voluntary basis. 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.

Please note that 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 member of the 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 and not credit history) requested by any third party "consumer reporting agency", another outside organization acting on behalf of ASA, and/or ASA itself. 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.

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)

CALIFORNIA RESIDENTS ONLY:

NOTICE TO CALIFORNIA RESIDENTS:

If you would like to receive a copy of the background check information obtained by ASA, 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: *** _____

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.