

# Background Consent/Release Form

## PHBSA

Head Coach's Name (printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize and give consent for PHBSA to obtain information regarding myself. This includes the following:  
Criminal background records/information, Sex Offender Registry Checks, Addresses, Social Security Verification

I authorize this information to be obtained either in writing or via telephone. 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 PHBSA's guidelines.

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

Signature: \_\_\_\_\_

---

Assistant Coach's Name (printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize and give consent for PHBSA to obtain information regarding myself. This includes the following:  
Criminal background records/information, Sex Offender Registry Checks, Addresses, Social Security Verification

I authorize this information to be obtained either in writing or via telephone. 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 PHBSA's guidelines.

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

Signature: \_\_\_\_\_

---

Assistant Coach's Name (printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

I authorize and give consent for PHBSA to obtain information regarding myself. This includes the following:  
Criminal background records/information, Sex Offender Registry Checks, Addresses, Social Security Verification

I authorize this information to be obtained either in writing or via telephone. 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 PHBSA's guidelines.

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

Signature: \_\_\_\_\_

Fourth Coach's Name \_\_\_\_\_ Phone \_\_\_\_\_

Scorekeeper \_\_\_\_\_ Phone \_\_\_\_\_

Team Mom \_\_\_\_\_ Phone \_\_\_\_\_

You may have up to 4 coaches in total on the field/in the dugouts/on the bench during games. Your scorekeeper may sit near the backstop off to the right or left. All other parents need to be seated in the fans' designated area during games. ANY parent that helps in any way during practices or warm up activities for games **MUST** have a copy of their completed concussion training on them at all times. A copy of their training certificate must be on file with the league. Concussion Training is good for 3 years.

Head Coaches must have, for each player and coach, a current Emergency Medical Authorization, Media, and Code of Conduct form.