Southern California Volleyball Association
1500 South Anaheim Blvd. Suite 280
Anaheim, CA 92805
Phone: 714-917-3595 Fax: 714-917-3596
Contact E-Mail: Info@scvavolleyball.org

Consent and Waiver Release Form

Applicant's Name (printed):_____ Date of Birth _____
First Middle Last

Club Name _____Social Security No _____ US Visa/Green Card No_____

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, _____, authorize and give consent for the above named organization to obtain
(Name of Applicant)
information regarding myself. This includes the following: Social Security Number Verification, Criminal background records/information, Drivers 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 two years 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 All Sex offenses 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 conviction, 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: _____