

ASA Background Check Release and Authorization Form for Independent Contractors and Volunteers

Disclosure and Authorization

In connection with my application for employment or to serve as an independent contractor or volunteer with the Amateur Softball Association of America, Inc., its affiliates and/or any of its local associations (collectively “Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment, independent contractor or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., (“Protect Youth Sports”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a contractor or volunteer, whichever is applicable, throughout the course of my employment, service or volunteer service, as permitted by law and unless revoked by me in writing. 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 understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports’ privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act’s disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

☐ I wish to receive a copy of any consumer report on me that

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

☐ I wish to receive a copy of any report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

☐ I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

FOR THIS APPLICATION TO BE FILED, ALL BLANKS MUST BE COMPLETED IN FULL OR WILL BE RETURNED

20 ____ SD ASA Umpire Registration and Background Consent Form

Gender M ____ F ____

Print Name: Last Name _____ First Name _____ Middle Name/Initial _____

Phone Home: (____) ____ - ____ Cell: (____) ____ - ____ Work: (____) ____ - ____

Aliases/Other Names Known By (in last ten years) _____

Email Address: _____ @ _____

Date of Birth: Month ____ Day ____ Year ____ Desired Position with ASA: _____

Driver's License Number: _____ State: ____ ASA ID Card Member # _____

Current Address: _____ City: _____ State: ____ ZIP: _____

Prior Address (if within last 5 years) _____ City: _____ State: ____ ZIP: _____

Applicant Signature: _____ Today's Date: ____ / ____ / ____ (04-15a Rev)

*Social Security Number: **SSN may be requested at a later time**

www.protectyouthsports.com

Protect Youth Sports, Inc., 14499 Dale Mabry Hwy, Ste 201 South, Tampa, FL 33618, Phone: 877-319-5587 Fax: 800-319-5582

PLEASE CHECK ALL THAT APPLY

Fast Pitch ____ Slow Pitch ____ Modified ____ Men's ____ Women's ____ Youth ____ Co-ed ____

New Umpire ____ YES ____ NO Willing to Work State Tournaments or Beyond ____ YES ____ NO

____ I am an Adult who umpires ASA softball = \$55.00 (Includes mandatory Background Check)

____ I am 18 or younger who umpires ASA softball = \$30.00 (Background Check not required)

With this registration, the parties involved consider umpires as Independent Contractors for the duties they perform.

Please fill out form completely and submit through league or local organization with proper funding made out to:

SD ASA and mail to: South Dakota Amateur Softball Assn. Inc., P.O. Box 63, Watertown, SD 57201