

ONLY IF you answered yes to any questions on page 1, send this form to KMYB directly at the following address: KMYB, ATTN: Vice President, P.O. Box 201, Kasson MN 55944. However, after the background check is performed, if you are allowed to participate, the form will be forwarded to your club registrar for registration.

In addition to the above crimes, KMYB policy states that a person may be disqualified from serving if KMYB obtains verifiable information that the individual completing this form:

1. Has been convicted (even if the record is expunged or entered a plea of no contest) of a crime against a minor or a crime that indicates the person may pose a risk to the health, safety and/or well being of players.
2. Has provided false information in completing this form.
3. Has been requested to leave, resign or was terminated from a position due to complaints of physical or sexual abuse of minors.
4. Has been found liable for civil damages or penalties resulting from the physical or sexual abuse of a minor.

I hereby authorize KMYB and/or its agents to conduct routine background checks. I understand that failure to complete this form or providing false or misleading information will result in the denial of my ability to be a coach, trainer, manager, volunteer or board member of KMYB or its affiliate clubs. I have read and provided all explanations as needed.

Date: _____ Adult Signature: _____

STATE OF _____

COUNTY OF _____

Signed or acknowledged before me on _____
Date

[seal, if any]

Signature of Notarial Officer

Title (and Rank)

My commission expires _____