



USA Judo
Consent/Release Form
Background Screening for
Volunteer in Youth Sports

Applicant Name: (Print or Type) _____

First Middle Las

Social Security Number: _____ Date of Birth: _____

Address: _____

House Number & Street

City: _____ State: _____ Zip: _____

Telephone: () _____ E-Mail Address: _____

I, _____, authorize and give consent for *USA Judo*, through
Name of applicant
 participating agencies, to obtain information regarding myself. This includes the following:

- Employment records/Employers references
- Criminal background records/information
- Sex Offender Registry check
- Driver's license check
- Training/experience
- Personal references
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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 USA Judo guidelines.

Printed Name: _____ Date: _____

Signature: _____ *USA Judo* Registration Number: _____

Mail (1) Consent/Release form, (2) Check for \$16.00 made payable to SSCI to:

SSCI
 1853 Piedmont Road Suite #100
 Marietta, GA 30066

For National Office Use Only					
Date Received		Check No:		Amount	
Membership Verified			Date Forwarded		