

**Risk Management Disclosure Form for Special Needs Sports**

**BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_, hereby authorize Special Needs Sports Corporation. Herein "SNSC" and or its agents to make an independent investigation of my background, criminal or police records. Including those maintained by both public and private Organizations and all public records for the purpose of confirming the information proved on this form.

I release SNSC and its agents and any person or entity fro any and all liabilitiesw, clams, or law suits in regards to the information obtained from any and all of the above referenced sources used.  
**THE FOLLOWING IS MY TRUE AND COMPELE LEGAL NAME AND ALL INFORMATIONIS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

BOD \_\_\_\_\_ Coach \_\_\_\_\_ Volunteer \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Full Name: \_\_\_\_\_

Maiden Name or Other Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Driver's License # \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you lived outside of New York State ? Yes: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, where and how long: \_\_\_\_\_

Have you ever been convicted of a crime ? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever had your license suspended or revoked for driving under the influence of alcohol ? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_