



A 4183 Franklin Rd. Ste B1 #101 Murfreesboro, TN 37128 - P (615) 225-7313 - E murfreesborosoftballleague@gmail.com - W www.murfreesborosoftball.com

MSL Application / Background Screening Consent / Release Form

In which of the following would you like to participate? Circle one or more:

Head Coach Assistant Coach Umpire League Official Concessions

Applicant's Full Legal Name (please print)

Last _____ First _____ Middle _____ Maiden _____

Address _____ Email _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Last 4 Social Security Number _____

Please provide true and detailed information to the following, if additional space is needed please use the back of this form.

Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? _____ if yes, describe in detail _____

Have you ever been convicted of or plead no contest or guilty to any crime(s)? _____ If yes, describe in detail _____

Do you have any criminal charges pending against you regarding any crime(s)? _____ If yes, describe in detail _____

Have you ever been refused participation in any youth programs? _____ If yes, describe in detail _____

Background Check Consent: I, the undersigned, hereby authorize and give consent for Murfreesboro Softball League to obtain information regarding myself, including but not limited to: criminal background records / information, sex offender registry checks, addresses. I authorize this information to be obtained electronically, in writing or via telephone. 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.

Signature: _____ **Date:** _____

Liability Waiver/Photo Release: I, the undersigned, understand there is an element of risk involved in activities of this nature and that Murfreesboro Softball League assumes I am covered by personal medical and liability insurance. By signing this waiver I am aware of the fact that the Murfreesboro Softball League nor the City of Murfreesboro provide any type of health or accident insurance coverage for any individual including but not limited to coaches, umpires, league officials or concessions workers whether volunteer or compensated. I understand should an injury, death or health related matter of any type including but not limited to physical, mental or emotional arise I am solely responsible for any and all costs incurred and agree to hold harmless the Murfreesboro Softball League, and all affiliates including volunteers and the City of Murfreesboro. I understand during league events photographs may be taken and give my consent for Murfreesboro Softball League to use my photograph in marketing brochures, guides, advertising, the league website, social media, etc.

Signature: _____ **Date:** _____

Rules/Policy/Code of Conduct Acknowledgement: I have read, understand and accept the Murfreesboro Softball League Rules, Policies and Code of Conduct and agree to abide by the same. I understand if I have questions at any time I will consult with a League Official. I understand failure to comply may result in temporary or permanent suspension from the league.

Signature: _____ **Date:** _____

Murfreesboro Softball League Official Use Only

Criminal Background _____ TN Sex Offender Registry _____ TN Abuse Registry _____ National Sex Offender Registry _____ ICOTS _____

TN Felony Offender _____ TN Drug Offender Registry _____ Concussion Policy _____ Code of Conduct _____

Date Received _____ Date Completed: _____ Approved or Denied

League Official: _____ League Official Signature: _____

Additional Applicant Info:

Have you previously participated at Murfreesboro Softball? If yes, please specify and provide dates _____

Have you previously participated with other youth sporting programs? If yes, please specify, provide the name(s) of the program(s) and dates _____

Will you have a child or relative in the program? If yes, please provide the child's name and relation _____

Do you have any experience of training specific to this sport? If yes, please specify _____

Do you have Special Certification (CPR, First Aid, Medical, etc.)? If yes, please list _____

References:

Please list three references, at least one of which has knowledge of your participation in a youth program:

Name / Phone _____

Name / Phone _____

Name / Phone _____

Note: Murfreesboro Softball League will not discriminate against any person on the basis of race, creed, national origin, marital status, gender, sexual orientation or disability.