

**Local Association Name:** \_\_\_\_\_

**MIDWEST AFFILATE HOCKEY ASSOCIATION - Consent to Screen Disclosure**

The Midwest Amateur Hockey Affiliate will not authorize or sanction in its programs that it directly controls any volunteer or employee who has routine access to children (anyone under the age of majority) who refuses to consent to be screened by MWAHA.

Name; Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Soc Sec Num \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth; Day \_\_ Month \_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

If located in another State within past 10 years list State(s) \_\_\_\_\_

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer if the person has;

1. Been convicted (including crimes the record of which has been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes or controlled substance crimes;
2. Being adjudged liable for civil penalties or damage involving sexual or physical abuse of children;
3. Been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order or protection;
4. Had parental rights terminated;
5. Has history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;
6. Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual or physical abuse of minors;
7. Has a history of other behavior that indicates they may be a danger to children.

**Do any of the above apply to you? Circle one; Yes or No If YES, please describe:**

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as a volunteer / employee or for my dismissal no matter when discovered. I authorize Tri-State Affiliate to investigate all information contained in this application. The employees, organizations, and individuals name are authorized to give you any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they have about me. In consideration of the evaluation of this application by Tri-State Affiliate.

I HEREBY WAIVE, RELEASE AND DISCHARGE Tri-State Affiliate, all employers, Organizations and individuals, and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check on

\_\_\_\_\_ Official \_\_\_\_\_ Coach \_\_\_\_\_ Manager \_\_\_\_\_ Board Member \_\_\_\_\_ Other