



P.O. Box 6212
Corpus Christi, Texas 78466-6212

**Consent for Criminal Background History Check
Authorization/Waiver/Indemnity**

I hereby give my permission for **Southside Little Miss Kickball** to obtain information relating to my criminal history record through a predetermined vendor. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. **IF ANY FELONY CONVICTION APPEARS ON MY CRIMINAL HISTORY BACKGROUND CHECK, A SPECIAL COMMITTEE WILL REVIEW AND DETERMINE ELIGIBILITY AND/OR RESTRICTIONS IN MY INVOLVMENT AT SOUTHSIDE LITTLE MISS KICKBALL.** I understand that I will have an opportunity to review the criminal history as received by **Southside Little Miss Kickball** and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify **Little Miss Kickball International, Inc., Southside Little Miss Kickball**, the City of Corpus Christi, the vendor of the report, and each of their officers, directors and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including negligence, gross negligence, and/or strict liability of **Southside Little Miss Kickball**, the vendor and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer member. By signing this form, I agree to the terms and conditions as stated above.

Signature

Date

Division

Team

PLEASE PRINT (ALL INFORMATION IS REQUIRED!!!!!!):

FULL			
LEGAL NAME: _____ Jr. Sr. III			
_____	_____	_____	_____
Last	First	Middle	Nick Name
Maiden & Former Names: _____		Date of Birth: _____	
Street Address (No P.O. Boxes): _____			
City: _____		State: _____	Zip: _____
Previous Address: _____			
City: _____		State: _____	Zip: _____
Driver's License No: _____		State: _____	

LEAGUE USE ONLY

Date In: _____	SPIS _____	Date: _____	Date Ret'd: _____
Clear: Y N	Report Attached: Y N	Letter Issued: Y N	Date: _____

(SSLMK 2/2017)