



# TAMIAMI YOUTH BASKETBALL ASSOCIATION

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Pursuant to the National Child Protection Act of 1993, as mended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

The undersigned hereby acknowledges that by submitting this application, applicant is authorizing Tamiami Youth Basketball Association to request from third parties, any background information that Tamiami Youth Basketball Association deems appropriate in connection with the approval of this application to coach at Tamiami Youth Basketball Association. I am aware that Tamiami Youth Basketball Association may contact different governmental and private agencies, including but not limited to the police authorities; in order to complete it's review of my application. I have been informed that Tamiami Youth Basketball Association; a) will keep confidential any background information it obtains,; b) that Tamiami Youth Basketball Association may reject my application, at Tamiami Youth Basketball Association's sole discretion, for any reason whatsoever; c) that Tamiami Youth Basketball Association does not have to provide me with any reason(s) for the disapproval of this application; and d) that a disapproval by Tamiami Youth Basketball Association shall be deemed final and not subject to further review and/or consideration.

I \_\_\_\_\_ have OR \_\_\_\_\_ have not been convicted of a crime.

If convicted, describe the crimes(s) and the particulars of the conviction(s) in the space below:

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ do OR \_\_\_\_\_ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective Volunteer. Y or No                      Coached at Tamiami Before Y or No

Preferred Division \_\_\_\_\_ Childs Name \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Florida Drivers License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_\_