

**BURNSVILLE ATHLETIC CLUB
REGISTRATION, DISCLOSURE AND CONSENT FORM**



Sport: _____

Applicant's Full Name: _____

Last

First

Middle

Address: _____

Maiden, Former Name or Alias: _____

Male ___ Female ___ Birth date: _____ Social Security #: _____

(H) Phone: _____ (W) Phone: _____ Cell: _____

Fax: _____ Email: _____

Circle all that apply: Coach - Manager - Volunteer - Other _____

NOTE: The BAC or its members will require this form on an annual year basis and will run routine checks on everyone who completes a form and registers. You can request a hearing to challenge a negative decision. The results will not be released by the BAC to anyone unless ordered to do so by a court.

Convictions of the following or similar crimes mean you will not be a coach, trainer, team manager, board member or volunteer having significant contact with players registered with the BAC under the Player Protection Policy:

*Any Assault against a Minor Child Pornography Manslaughter Child Murder Felony Assault
Abuse Kidnapping Criminal Sexual Conduct Controlled Substance Crimes against a Minor Victim
Solicitation of a Minor to Engage in Sexual Conduct*

Convictions of the following or similar crimes mean you may not be allowed to be a coach, trainer, team manager, board member or volunteer having significant contact with players registered with the BAC or in having conditions/restrictions placed on you that must be followed:

*Domestic Assault or Abuse Child Neglect Malicious Punishment of a Child Felony DUI
Controlled Substance Crimes Indecent Exposure Violation of Restraining Order Felony Theft
Contributing to the Delinquency of a Minor Assault Harassment Embezzlement*

Please answer the following questions and attach an explanation for any convictions:

- Yes No Have you had parental rights terminated for sexual or physical abuse of children?
- Yes No Have you been convicted of any of the crimes (In Minnesota or elsewhere) listed above?
- Yes No Have you ever been found liable for civil damages or penalties involving sexual or physical abuse?

In addition to the above crimes, the BAC policy states that a person may be disqualified from serving if the BAC obtains verifiable information that the individual completing this form:

1. Has been convicted (even if the record is expunged or entered a plea of no contest) of a crime against a minor or a crime that indicates the person may pose a risk to the health, safety and/or well being of players.
2. Has provided false information in completing this form.
3. Has been requested to leave, resign or was terminated from a position due to complaints of physical or sexual abuse of minors.
4. Has been found liable for civil damages or penalties resulting from the physical or sexual abuse of a minor.

I hereby authorize the BAC and/or its agents to conduct routine background checks. I understand that failure to complete this form or providing false or misleading information will result in the denial of my ability to be a coach, trainer, manager, volunteer or board member of the BAC. I have read and prepared this form truthfully.

Adult Signature: _____

Date: _____

Burnsville Athletic Club 100 Civic Center Parkway Burnsville, MN 55337 Fax #: 952-707-6308

Authorization

Some of the information below might be redundant but necessary. By signing below, you are also verifying that the information on the other side of this page is accurate.

I have read and understand this form including the notification as to my right under the Act. I authorize the BAC to perform a background check about me and to disclose all criminal history record information about me to the Burnsville Athletic Club for the purpose of determining whether I have been convicted of any "background check crimes" as to that term is defined in **Minnesota Statutes Section 299C.62, subdivision 1**, and whether to approve or deny my application to volunteer with or to continue volunteering with the Burnsville Athletic Club and its affiliated programs. This authorization shall expire one year from the date of my signature.

I hereby release the Burnsville Athletic Club, its officers, directors, members, agents, and representatives from any and all claims, charges, causes of action, suits, or liability of any kind in connection with this consent and authorization and any background check requested or performed pursuant to it, including the use of the results of any such background check for the purposes of approving or denying my application to volunteer, or to continue my volunteer involvement, with the Burnsville Athletic Club and its affiliated programs.

Applicant Signature: _____ Date: _____
