



FULL COURT BASKETBALL ACADEMY

Confidential Coach and Volunteer Application and Consent/Release Form

FCBA abides by the guidelines established by the National Alliance for Youth Sports for screening coaches and volunteers who will be working directly with our players to ensure safety and to maintain best practices.

All applicants must provide the following information and sign and date this form. This should be returned to teamoperations@fullcourtbba.org along with a copy of your current driver's license. Please note that all information will be maintained as highly confidential.

FULL NAME: _____

ADDRESS: _____

PHONE/EMAIL: _____

DATE OF BIRTH: _____

PERSONAL REFERENCE (CONTACT INFO): _____

CONSENT TO RELEASE PERSONAL INFORMATION:

I AUTHORIZE FCBA TO VERIFY MY PERSONAL INFORMATION AND TO CONDUCT A STANDARD CRIMINAL BACKGROUND CHECK TO ENSURE THAT ANYTHING IN MY BACKGROUND WOULD NOT DISQUALIFY ME FROM WORKING DIRECTLY WITH FCBA PLAYERS.

PRINTED NAME

SOCIAL SECURITY NUMBER

SIGNATURE

DATE