

**ST. JOSEPH PARKS, RECREATION & CIVIC FACILITIES
2011 Youth Volleyball Team Roster Form**

	PLAYER NAME	SCHOOL ATTENDING	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

Please attach Waiver of Liability for each player to this registration/roster form. The signed waiver must be on file with the Parks, Recreation & Civic Facilities Department before any player can be allowed to participate.

WAIVER OF LIABILITY

I, the undersigned, agree and contract, in consideration of the acceptance of this application for:

Child's Name	Address	Date of Birth
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as a playing member of a team, to fully comply with the policies, procedures, rules, and regulations of the Parks and Recreation Volleyball Leagues of St. Joseph.

In consideration for their right to play in the Leagues, I hereby for myself, heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Parks & Recreation Department Volleyball Leagues, park operators, team sponsors, their agents representatives or assigns for any and all injuries which may be suffered by child/player during this basketball season.

Signature in Full: _____
(Parent or guardians signature)

Printed Name: _____

WAIVER OF LIABILITY

I, the undersigned, agree and contract, in consideration of the acceptance of this application for:

Child's Name	Address	Date of Birth
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Signature in Full: _____
(Parent or guardians signature)

Printed Name: _____

AMATEUR SOFTBALL ASSOCIATION - NOTICE OF BACKGROUND CHECK AND CONSENT

IMPORTANT –PLEASE READ CAREFULLY BEFORE SIGNING BELOW: **Missouri ASA use only (\$7)**

The Amateur Softball Association of America and/or its local associations (collectively, “ASA”) are volunteer driven not-for-profit organizations. One of ASA’s objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of softball. You are already working with ASA or you have expressed an interest in becoming a volunteer with ASA. Consistent with promoting wholesome and safe competition, ASA may perform criminal background and/or motor vehicle record (or “driving record”) checks on you pursuant to your written consent and instructions below. Accordingly, ASA may obtain reports on your criminal background and/or driving history from a “consumer reporting agency.” The report may include information gathered from county, federal, statewide or other record searches, as guided by personal identifier information obtained through a Social Security Number trace, name address or other information. You may refuse to provide your consent to a background check, however, your refusal may affect your ability to participate in ASA programs. NOTE: Conducting a Social Security Trace does NOT access the subject’s credit history nor affects the subject’s credit score or credit rating. ASA has contracted with ChoicePoint, a consumer reporting agency, to provide the consumer reports. ChoicePoint may be contacted by mail at ChoicePoint, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004. **INCLUDE \$7.00 payment: payable to Missouri A.S.A.**

Include a Legible Photo Copy of your Driver’s License Attached to this document.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. Please note that ASA does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, national origin or ancestry. The types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by ChoicePoint from public record sources. The consumer reports will not include credit record checks. The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to ChoicePoint at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are attached to this form.

By signing below you are authorizing and instructing ASA to immediately obtain criminal background and driving record reports from a third party (utilizing a social security number trace or other information such as your name, address or driver’s license number) as ASA deems necessary and appropriate. Moreover, you are allowing and instructing ASA to obtain those reports from a third party on an ongoing basis without any additional notice or consent for as long as you are a volunteer or otherwise associated with ASA. You may revoke this consent at any time by providing ASA with a written notice of revocation.

AUTHORIZATION, CONSENT AND INSTRUCTION

I acknowledge receipt of the Notice of Background Check and certify that I have read and understand that notice. I hereby voluntarily consent to ASA obtaining a background check on me and I authorize and instruct ASA to obtain criminal background and/or driving record reports from a third party (utilizing a social security number trace or other information such as my name, address or driver’s license number) as ASA deems necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with ASA. Accordingly, ASA may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis (i.e. annually or semi-annually) throughout my association with ASA without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records but not credit history) requested by any third party "consumer reporting agency", another outside organization acting on behalf of ASA, and/or ASA itself. I understand that if ASA makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I agree that a facsimile (“fax”) or photographic copy of this Authorization and Instruction shall be as valid as the original.

Attach a Legible Photo Copy of your Driver’s License *Fee is \$7.00 per person*

[SSN is not yet needed but may be requested and required at a later time]

Printed Name (Full Legal Name)

Social Security Number

Signature

Date

Date of Birth (for identification purposes only)

All other names or aliases used within the past ten years

Driver’s License No. and State

Residence, Street Address

Prior Residence Address within last 5 years (Street Address)

Residence, City, State and Zip

Prior Residence Address within last 5 years (City, State, Zip)

Procedure for completing the required background check for all youth sports through the Parks, Recreation & Civic Facilities Department (Volleyball & Basketball).

Website address: <http://missouriasasoftball.clubspaces.com>

Missouri ASA - Windows Internet Explorer

http://missouriasasoftball.clubspaces.com/default_css.aspx

MISSOURI AMATEUR SOFTBALL ASSOCIATION

MISSOURI ASA SOFTBALL
524 Home Drive, St. James, MO 65559
Phone 573-265-2267 TOLL FREE FAX: (888) 840-1351
JOEY RICH, State Commissioner: zsportsguy@centurytel.net

Click here to see photos from the Boys 18U & 16U / Men's 23U national fast pitch camp and National tournament in Rolla

Women's Superball - August 14 & 15 - Rolla - for late registration, call Kristy Rich by 5:00 p.m. Monday, there is a \$50 late fee and credit card is required.

Women's Superball (10) Girls' Hair Fashions, Savannah, Springfield Thunder, X-Rayted, Springfield, Dynamite, Columbia, Dirty Deeds, Springfield, Viv's Sewing Connection, West Plains, Lugnuts, Columbia, Outlaws, Rolla, STL Hammer, Maverick's, Farmington
Women's Superball Bracket will be posted Monday evening

DANIEL RESIGNS AS STATE UIC AFTER 24 YEAR STINT
KERMIT DANIEL has announced his retirement from the Missouri ASA State Umpire In Chief position effective December 31, 2010. State Commissioner Joe Rich has performed a UIC

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Announcements

Get a FREE League Website!

- Home page builder
- Online registration
- Game scheduling
- Group email

Scroll down to the bottom of the page. You are looking for the Background Check form link.

Click here to join us on Facebook

[Background Check Form](#)

Single Tournament Team Registration Form
(For teams participating in only ONE Missouri ASA sanctioned INVITATIONAL tournament)

Tournament Sanction Form

ASA Bollinger ICan

If you are unable to qualify, or just can't afford a Major Medical Plan, we have programs that may fit your needs. **CLICK HERE OR CALL 1-800-553-9721**
Subject to state availability

Prevents Staph
Stays on skin for 6 hours after washing!
Hibigee's kit
\$27.95
STAPHSUPERBUG.COM

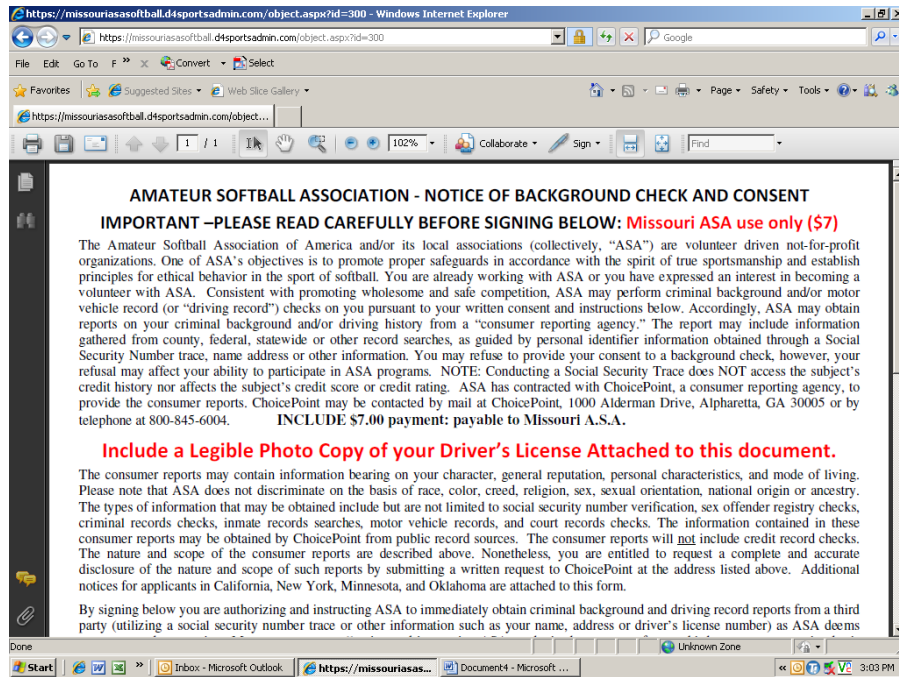
SOFTBALL COUNTRY
Your 24/7 Softball Source

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ADMIN

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Click on the link. You will be taken to a form that will need to be printed, filled out and mailed to the Missouri ASA office at 524 Home Drive, St. James, MO 65559. You will need to include the form, a \$7.00 check made payable to Missouri ASA and a copy of your valid driver's license.



When you have completed the process you will receive confirmation in a couple of weeks. We will need to have a copy of your confirmation. Thank you for assisting us with a new process.