

---

---

# American Coaches Association

PO Box 7352, Wesley Chapel, FL 33545  
813-414-3532 [www.acasports.net](http://www.acasports.net)

---

---

Be sure to enclose **\$30 Application Fee** and **Colored Photo** (or email photo to [info@acasports.net](mailto:info@acasports.net))  
Please make checks Payable to ACA

## M e m b e r s h i p   A p p l i c a t i o n

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Grade: \_\_\_\_\_

Team Registration Number: \_\_\_\_\_ Team Gender: \_\_\_\_\_

Previous Residence(s) if less than 5 years at current address:

\_\_\_\_\_  
\_\_\_\_\_

Use back if needed

Have you ever been charged with a crime? If yes, please explain on Back: \_\_\_\_\_

### CONFIDENTIAL RELEASE AND WAIVER

I hereby acknowledge I have watched the concussion video and am aware of the nature and risk of concussion and head injury. I will also have each parent or guardian sign and return an informed consent that explains the nature and risk of concussion and head injury, including the risk of continuing to play after concussion or head injury. Athletes who are suspected of sustaining a concussion or head injury in a practice or competition will be immediately removed from activity. An athlete who has been removed from an activity may not return to practice or competition until they submits written medical clearance to return stating that the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury. An appropriate health care practitioner must authorize medical clearance.

**It is my understanding that the American Coaches Association, Inc. (ACA) will conduct a public record search of my personal history.**

I hereby authorize an officer or employee of ACA or any other authorized representative of ACA bearing this release or a copy of this release, within one year of its date, to obtain information in your files pertaining to personal history.

I hereby release ACA from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information.

In connection with my application for employment or to serve as a volunteer with **American Coaches Association, Inc.**, I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see [www.protectyouthsports.com](http://www.protectyouthsports.com).

#### Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

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

Printed Name: \_\_\_\_\_

- Did you include the following:
- Colored Photo
  - \$30 Application Fee
  - Watch Concussion Video