



**USA Judo**  
**Consent/Release Form**  
**Background Screening for**  
**Volunteer in Youth Sports**

**Applicant Name:** (Print or Type) \_\_\_\_\_

First Middle Las

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

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

House Number & Street

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

**Telephone:** ( ) \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for *USA Judo*, through  
Name of applicant  
 participating agencies, to obtain information regarding myself. This includes the following:

- Employment records/Employers references
- Criminal background records/information
- Sex Offender Registry check
- Driver's license check
- Training/experience
- Personal references
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such Information will be held in confidence in accordance with USA Judo guidelines.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **USA Judo Registration Number:** \_\_\_\_\_

Mail (1) Consent/Release form, (2) Check for \$16.00 made payable to SSCI to:

SSCI  
 1853 Piedmont Road Suite #100  
 Marietta, GA 30066

For National Office Use Only					
Date Received		Check No:		Amount	
Membership Verified			Date Forwarded		

