

Lorain Youth Baseball, Inc.
P.O. Box 262
Lorain, OH 44052
Hot Line 440-282-1240
www.lorainyouthbaseball.com

BACKGROUND CHECKS-CONSENT/RELEASE FORM

All managers and coaches who are associated with any Lorain Youth Baseball, Inc. baseball team must agree to a background check. Each coach will indicate his/her agreement to this background check by signature below. Any manager or coach who does not agree to a background check will not be allowed to participate in LYB

Team _____ League/Age _____

Coach's Name (Please Print)	Social Security #	Date of Birth
_____	_____	____/____/____

I, _____, authorize and give consent for Lorain Youth Baseball, Inc. 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 with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____

This completed form should be turned into your league commissioner or mailed to LYB, P.O. Box 262, Lorain, OH 44052, in a sealed envelope, marked "Background Checks."

Questions regarding LYB'S Background Check policy should be addressed to the President of LYB, at president@lorainyouthbaseball.com or call 440-282-1240. Thank you for your involvement with LYB and your willingness to serve the youth of Lorain.