



Southeastern Program of Recreational Team Sports
Background Check Form

Sport: _____ Division: _____ Team #: _____

Head Coach: _____ Assistant Coach: _____ Team Parent: _____

Last Name:		Street:	
First Name:		City:	
Middle Name:		Zip:	
Date of Birth:		Phone:	
Race:		Email:	

Have you ever been charged, convicted or pleaded guilty to a crime? Yes No
If yes, explain _____

Have you ever been charged, convicted or pleaded guilty to any type of sexual misconduct? Yes No
If yes, explain _____

Have you ever had the record of a criminal arrest or conviction expunged? Yes No
If yes, explain _____

I am willing to permit a police background check? Yes No

I certify that the above listed information is true. I understand that falsification of any part of this application will disqualify me as a coach. I agree to learn and comply with the policies of the S.P.O.R.T.S. organization and the individual leagues that I am involved in.

Signature: _____ Date: _____

Social Security Number: _____ **(your SSN must be included to coach)**
(this is for office use only and the number will be destroyed after being confirmed)

Return to: S.P.O.R.T.S.
12690 Promise Road
Fishers, IN 46038

office: (317) 845-5582
fax: (317) 845-5687
e-mail: info@hsesports.org