

Bayou State Football Association

Coaches Background Check Certification

(ONE FORM SHEET PER TEAM)

PARK: _____

Coach NAME <small>(Please PRINT)</small>	TITLE <small>(Check One)</small>	Age Group <small>(Check One)</small>	TEAM NAME
	<input type="checkbox"/> Head Coach	<input type="checkbox"/> 5/6 <input type="checkbox"/> 7/8 <input type="checkbox"/> 9/10 <input type="checkbox"/> 11/12	
	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> 5/6 <input type="checkbox"/> 7/8 <input type="checkbox"/> 9/10 <input type="checkbox"/> 11/12	
	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> 5/6 <input type="checkbox"/> 7/8 <input type="checkbox"/> 9/10 <input type="checkbox"/> 11/12	
	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> 5/6 <input type="checkbox"/> 7/8 <input type="checkbox"/> 9/10 <input type="checkbox"/> 11/12	
	<input type="checkbox"/> Asst. Coach <input type="checkbox"/> Other	<input type="checkbox"/> 5/6 <input type="checkbox"/> 7/8 <input type="checkbox"/> 9/10 <input type="checkbox"/> 11/12	

Background Check Information & Certification

Agency Performing Background Check: _____

Agency Address: _____ Agency Phone: _____

I hereby certify that the agency described above has performed a thorough background check on the Coaches listed on this form. I also certify that the coaches listed on this form, to the best of our knowledge, has not been convicted of any violent, sexual, or felony drug crimes. It is in the opinion of this agency that the coach listed on this form is suitable to coach youth sports.

Agency Representative and/or PARK DIRECTOR :

Signature: _____ DATE: _____

Agency Representative and/or PARK DIRECTOR:

PRINTED Name: _____