

Wisconsin Amateur Hockey Association Background Information Disclosure

PLEASE PRINT

First and Middle Names _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Social Security No. (optional) _____ Sex _____ Race _____

Any other name you have used, including Maiden name etc. _____

How long have you lived in the State of Wisconsin _____

If you have lived in another state(s) in the last 3 years, Protect Youth Sports will check with that state to comply. Please list any State(s) you have lived in.

State _____ Dates _____

State _____ Dates _____

Do you have criminal charges pending against you or were you ever convicted of any crime including federal, state, local or tribal courts for the following? Check and explain; See page 2 of this form for additional information.

- ___ Any offense of abuse or assault/battery-physical or sexual
- ___ Any crime of a sexual nature, including possession or dissemination of pornography
- ___ Homicide or manslaughter
- ___ Domestic violence
- ___ Felony drug crimes
- ___ Theft, robbery, forgery, fraud
- ___ Arson
- ___ Any crime, involving children as either accomplice or victim
- ___ Attempted murder
- ___ Child neglect
- ___ Animal cruelty
- ___ Kidnapping
- ___ Weapons violation

Explanation _____
_____ complete on other side.

Background Screens are not required annually and are done every three years. Regardless of screens conducted by other sports, WAHA requires a screen by Protect Youth Sports due to the national search that is completed.

I understand, under penalty of law, that the information provided above is truthful and accurate and authorize _____ Hockey Association to complete a background check.

Signature _____ Date _____