



Southeastern Program of Recreational Team Sports  
**Background Check Form**

Sport: \_\_\_\_\_ Division: \_\_\_\_\_ Team #: \_\_\_\_\_  
 Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_ Team Parent: \_\_\_\_\_

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

Have you ever been charged, convicted or pleaded guilty of a crime or 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: \_\_\_\_\_

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 Social Security Number: \_\_\_\_\_ **(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

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