

University Place Lacrosse Club

Washington State Patrol Criminal Background Check

First Name: _____ Middle Initial _____ Last: _____

Date of Birth: _____ Sex: M F

Address:

Please answer the following questions by circling YES or NO:

- a. Have you been convicted of a crime? YES NO
- b. Have you had any findings made against you in any civil adjudicative proceeding?
YES NO
- c. Have you had both a conviction and findings made against you? YES NO

I certify I give my permission to the UPLC and its agents to conduct a criminal background check and recognize that such a search may include arrest and conviction data, as well as plea bargains and deferred adjudications and records of delinquent conduct I committed as a juvenile. I understand that this information will be used to determine my eligibility to become a coach or other volunteer leader with the UPLC, and that such information may disqualify me from becoming a volunteer. I further recognize that as long as I remain a volunteer, such background check may be repeated at any time. I understand that I will have the opportunity to review the record received by the UPLC and that a procedure will be made available if I desire to dispute the record as received. I do for myself, my heirs and personal representatives, release and discharge UPLC, along with its coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors, from any claims, liability or demands whatsoever resulting from investigation of my criminal background in connection with allowing me to become a volunteer of the UPLC. I certify that the information I have provided on this form is true and complete.

Printed Name: _____

Signature: _____ Date: _____

UPLC will notify you of the Washington State Patrol's response within ten business days after receipt.