

**KANSAS AMATEUR SOFTBALL ASSOCIATION
2010 SOFTBALL UMPIRE REGISTRATION FORM**

Registration Fee: \$50.00

Circle One or More: Fast Pitch Modified Pitch Slow Pitch

Print or Type

Umpire's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #, Bus: _____ Res: _____ Fax: _____

Cell: _____ E-mail: _____

Umpire's Signature: _____ Date: _____

Return Fee and Form to: [Your local Kansas ASA Commissioner.](#)

Ship my registration material to me. - Circle One: Yes No - Include \$5 for Shipping and Handling.
Includes accident and liability insurance.

NOTICE OF BACKGROUND CHECK

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The Amateur Softball Association (ASA) is a volunteer driven not for profit organization. One of ASA's objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of Softball. You have expressed an interest in becoming a member of ASA on a voluntary basis. Consistent with promoting wholesome and safe competition, ASA may perform criminal background and/or motor vehicle record (or "driving record") checks on you pursuant to your written instructions below. Accordingly, ASA may obtain reports on your criminal background and/or driving history from a "consumer reporting agency" The report may include information gathered from county, federal and/or statewide record searches, as guided by personal identifier information obtained through a Social Security Number trace. Note: Conducting a Social Security Trace does NOT access the subject's credit history nor affects the subject's credit score or credit rating.

Please note that by signing below you are authorizing and instructing ASA to immediately obtain criminal background and driving record reports from a third party (utilizing a Social Security Number trace) as ASA deems necessary and appropriate. Moreover, you are allowing and instructing ASA to obtain those reports from a third party on an ongoing basis without any additional notice for as long as you are a volunteer member of the ASA.

AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby authorize and instruct ASA to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number trace) as ASA deems necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with ASA as a volunteer member. Accordingly, ASA may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis throughout my association with ASA without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and not credit history) requested by the third party "consumer reporting agency", another outside organization acting on behalf of ASA, and/or ASA itself. I agree that a facsimile ("fax") or photographic copy of this Authorization and Instruction shall be as valid as the original.

PRINTED NAME

DATE OF BIRTH

SIGNATURE

DRIVER'S LICENSE No. and STATE

DATE