



Youth Sports League
Coach Background Check Verification Form
Individuals(s)

Coach's Name (First, Middle Initial, Last) _____

Team Name _____

Pennsylvania Child Abuse Clearance _____ (Date of Completion)

Pennsylvania State Police Criminal Background Check _____ (Date of Completion)

FBI Fingerprint Criminal Background Check _____ (Date of Completion)

** Only required if you do not meet the exemption requirements in section 6344.2 of the Commonwealth Child Protective Services Law. To find out if you are exempt, visit:*

http://keepkidssafe.pa.gov/cs/groups/webcontent/documents/document/c_135249.pdf

_____ Unless Exempted, I certify that I have completed the required background checks in compliance with sections 6344 and 6344.2 of the Commonwealth Child Protective Services Law. Copies of clearances are attached to this verification form.

_____ I understand that failure to comply with these requirements will result in my inability and my team's inability to participate in the City of Allentown Parks and Recreation Department Youth Sports Leagues until compliance is met.

_____ Print Name _____ Title

_____ Signature _____ Date

OFFICE USE ONLY

_____ **Date Received** _____ **Date Verified** _____ **Verified By**