



SAFESPORT BACKGROUND SCREENING CONSENT FORM

Legal Full Name (printed): _____

Date of Birth: _____ Race/Sex: _____/_____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

I, _____, authorize and give complete consent for the Texas Amateur Hockey Association (or one of its member associations) to obtain information regarding myself for the purpose of conducting a criminal background check. I authorize this information to be obtained either in writing or via telephone in connection with my position with TAHA (or one of its member associations). Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance with USA Hockey and TAHA background screening policy. Such information obtained will be held in confidence in accordance with TAHA SafeSport policy.

Signature: _____ Date: _____

***Record history is confidential and will be treated as such by TAHA (and its member associations)**