



North Harris County Pee Wee Football and Cheer

Please Type or Print Clearly: Organization _____ Division _____

Name _____ Date of Birth _____ Sex/Gender _____
First Name MI Last Name Month/Day/Year Male/Female

Maiden name or Alias (If any) _____ SSN _____
First Name Last Name

Address _____
City State Zip

Previous Address (If you have moved within the last 3 years) _____
City State Zip

Home Phone(_____) Work Phone(_____) Cell(_____) _____

Please check one answer:

___ I have NEVER been charge with a crime involving violence, assault, or crimes of a sexual nature.

___ I have BEEN charged with a crime involving violence, assault, or crimes of a sexual nature.

Explanation: _____

I _____ hereby authorize, without reservation, NHC, its directors, officers, employees, and agents of the foregoing, and any party or agency contracted by NHC and their directors, officers, employees, and agents to contact law enforcement agencies, government agencies, and state and local agencies to provide any information concerning my background and to furnish the above listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. I further agree to hold harmless all parties involved for any errors/omissions with regard to any information reported. I understand that any errors/omissions will be investigated thoroughly until resolved. This authorization and consent shall be valid in original, fax, email, or copy form. I believe to the best of my knowledge that all the information I have provided is accurate, true, and correct, and that I fully understand the terms of this release. The investigation will include but is not limited to county, state, and nationwide criminal history and Sex offender registrations information.

I(Initial)_____, do understand that all information collected in this document is intended for identification purposes only. Not providing all information or false information can may and can result in me not being able to participate in ANY activities of my organization or NHC sanction activities.

Print Name _____ Signature _____

Date _____