



Youth Sports League Coach
Background Check Verification Form

Name of Organization(If Applicable) _____
_____ *Organization must be a 501(c)(3) Non Profit

Coach's Name (First Name, Middle Initial, and Last 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 Exempt, I certify that the youth basketball coach listed above has completed the required background checks in compliance with sections 6344 and 6344.2 of the Commonwealth Child Protective Services Law.

_____ I understand that the City of Allentown Parks and Recreation Department reserves the right to request copies of completed clearances at any point in time. Copies of clearances must be provided to the Recreation Office upon demand.

_____ I understand that failure to comply with these requirements will result in the inability of an individual coach and/or organization from participating 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**