

Muskego Athletic Association

Request to perform State of Wisconsin Criminal Background Check

Please print clearly in the fields below:

First Name _____ M.I. _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____

Address _____

City, State, Zip _____

Home Phone #: _____

League(s) requesting to coach or assistant coach

<input type="checkbox"/> T-Ball	<input type="checkbox"/> Jr. Softball	<input type="checkbox"/> Youth Baseball
<input type="checkbox"/> Pee Wee	<input type="checkbox"/> Int. Softball	<input type="checkbox"/> Jr. Baseball
<input type="checkbox"/> Muskego Select	<input type="checkbox"/> Sr. Softball	<input type="checkbox"/> Int. Baseball
		<input type="checkbox"/> Sr. Baseball

By providing the above information, I understand the Muskego Athletic Association is required to perform a criminal background check on myself, and all coaches in the program. I also understand the results returned will be held in confidence with the MAA board officers only.

Signature _____

Date _____