

Sport:

**Kitsap Peninsula Adult Pee Wee Association
Coaches Pledge**

Warren Avenue		Warren Avenue
Name of Club	Team (include level/color)	Club President

Name	Phone Number
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Certification	Date	Renewal Date
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In accordance with the KPAPWA General Rules all coaches must read, sign and have on file with the 2nd Vice-President, the following Coaches Pledge that is intended to bind the coaches to the purpose and policies of this association. Coaches are encouraged to become certified in the sport to which they are volunteering KPAPWA is authorized to require that you complete a Volunteer Application/Disclosure Statement and a Washington State Patrol Request for Criminal History in accordance with the Child/Adult Abuse Information Act each sports season.

By my Signature below, I pledge to:

1. Abide by the by-laws, general rules, and playing rules of this association.
2. Actively promote the objectives of the organization i.e.: To implant firmly in the youth under my charge the ideals of good sportsmanship, honesty, loyalty, courage and reverence.
3. Conduct myself in a mature and sportsman-like manner.
4. Refrain from smoking, use of profanity or other acts which if repeated by the youths would be at variance with the objectives of the organization while on the field or bench area with the youth.

Moreover, holding the safety and well-being of the youth to be of paramount importance, I pledge to:

5. Make every effort to learn and implement a program of training which will minimize the chance of injury through lack of conditioning.
6. Play only those players who are physically fit to the best of my ability.

I understand that if charged with violation of this pledge, I may be required to appear before the Executive Board to answer the charge. For flagrant or repeated violation, which is substantiated at a hearing by Executive Board, I acknowledge that KPAPWA has the power to restrict or remove me as a Pee Wee coach.

Signature	Date
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WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p>A REQUESTING AGENCY/ADDRESS Kitsap Peninsula Adult Pee Wee Association Agency Executive Board Attn PO Box 516 Address Poulsbo, WA 98370 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>_____ Title () Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Kitsap Peninsula Adult Pee Wee Association
Requesting Agency

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____