

Authorization of Disclosure of Information for
Warm Springs Nation Little League

AS A CONDITION OF VOLUNTEERING, I give permission for the Warm Springs Nation (WSNLL) Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon WSNLL receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Warm Springs Nation Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Warm Springs Nation Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Regulation I (c) 6

No local league shall permit any person to participate in any manner whose background check reveals a conviction, guilty plea, no contest plea, or admission to any crime involving or against a minor or minors. If a potential volunteer appears on the National Sex Offender Registry, the league must contact the Security Manager at Little League International prior to appointing the volunteer to participate in any capacity in the league. All local leagues must take into consideration criminal records when making the determination whether the individual is unfit to participate in any manner in the league.

Local leagues shall be required to determine the applicability of, and comply with, all state, local, and municipal laws; administrative rules and regulations; and municipal ordinances regarding background checks including, but not limited to, sex offender registry checks, criminal history records or reports, fingerprinting, certifications, or other requirements associated with volunteers, coaches, participants, and/or employees. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the local league's charter by action of the Charter or Tournament committees in Williamsport.

I understand that I have the right to revoke this consent at any time, and my consent expires on February 7, 2026 unless I revoke it earlier in writing and provide to Warm Springs Nation LL.

My Legal Name is

First: _____ Middle: _____ Last: _____

My Date of Birth: ____ / ____ / ____ My Social Security Number: _____ - _____ - _____

My Driver's License Number: _____ State: _____ Expiration date: ____ / ____ / ____

Signature & Date

WSNLL Signature & Date

DO NOT COMPLETE THE INFORMATION BELOW
Warm Springs Police Department will complete

The offense(s) checked will indicate; There is/Was/Pending Felony, Misdemeanor, or Civil Charges/Convictions.

<u>YES</u>	<u>NO</u>	<u>OFFENSE</u>	<u>TIME FRAME</u>	<u>TRIBAL</u>	<u>STATE/FED</u>
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse	Anytime	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Child Neglect	Anytime	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Offenses	Anytime	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Recklessly Endangering	Anytime	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Offenses Against Persons	Anytime	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Felony Offenses Involving Murder/Manslaughter	Anytime	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Felony Offenses Involving Controlled Substances	Past 10 years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	DUII/Major Traffic Violations	Past 10 years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Related Incidents and/or Detox's	Past 10 Years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Theft/Fraud	Past 10 Years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Past 10 Years	<input type="checkbox"/>	<input type="checkbox"/>

 Warm Springs Signature of Criminal History Check Completion

 Date