

Official 2025 Salinas Salad Bowl Bobby Sox Softball Adult Leader Registration Form THE SALINAS BOBBY SOX LEAGUE

National Adult Registration/Insurance/Background Fee -- \$20 This form to be completed by the Registrant

The Federal Government requires all Nonprofit Youth Organizations to conduct a Background Verification of every Adult Volunteer before they can be permitted to participate with children. This original form must be on file at Salinas Bobby Sox Softball. The non-refundable registration fee of \$20 covers Staff Registra-tion, Accident/Medical and Liability Insurances and Background Verification. Expires 12-31-2025.

Print Your Last Name	Print You	Your Full First Name		Middle Initial	
Print Your Residential Address		City	St	Zip Code	
() Home Phone		() Cell Phone/Wor	rk Phone (circle	one)	
Email Address Social Security Number					
Date of Birth	Driver's License or Sta	ate ID Info	Verified By/Da	ate:	
Daughter's Name(s) and Division	on(s)				
VOLUNTEER POSITION APPLYING FOR (CF	ther Youth Program?No	OYES If yes, Plea)ACH	
Have you ever been convicted of a Felony? Are you registered for any sexual offense:					
I promise that at all times, I will be an exce and Leadership. I will control my emotions my position and from future participation f #11105.3) to determine my qualification fo Bobby Sox Softball to deny this application that I am prohibited from the use of tobacc gathered. With my signature, I give my oath	for the benefit of the girls an or improper conduct. I under ir this sensitive volunteer pos i or to terminate it at will. I ur co, alcohol, illegal drugs, the	d the team I take guardi stand that I am subject sition where youth are in derstand Civil Law and use of profane language	anship of. I realize the to a Background Involved. I realize that Salinas Bobby Sox Se or obscene gesture	nat I may be removed from restigation (CPC it is the right of Salinas Softball Rules establish as where children are	
Your Signature		ate	Reg # (E	Board Use Only)	