



This form is to certify that:

(First name) _____

(Last name) _____

will be attending the Region IV (event) _____

from (date) _____ to (date) _____

as a (circle one) Coach Assistant Coach Referee Manager Administrator Other

He/She has completed the Region IV Disclosure Form (please attach) and has complied with Risk Management Policy of the State of _____

for the Seasonal Year _____, including (check all that apply):

Completing an in-state background screening by _____
(company, entity, i.e., DPS)

Completing a national background screening by _____
(company, entity, i.e. Backgroundchecks.com)

Year of background screening _____

Signed _____

Position _____

Date _____

(Note: Region IV Disclosure Form must be completed and attached for participation. Region IV policy is that all participants in Regional Events will have a national database background check performed by their State and/or by Region IV.)