ISI conducts background checks for Team Managers and the team registration is not valid until your background check has been successfully completed.

ISI Synchronized Team Manager Registration

For 9/1/20 – 8/31/21

CONFIDENTIAL

Background Check Authorization

Background Check Required for Synchronized Team Managers (ISI Membership is NOT required for Managers)
Web-link: Background Check

Synchronized Team name _____ **ISI Team # (if available)** _____

Home Rink or Club _____

Print: Last Name _____ First Name _____ MI _____

Former Name(s) and Dates sed: _____

Current Address Since: _____

(Mo/Yr) (Street address) (City) (State/Zip)

Previous Address From: _____

(Mo/Yr) (Street address) (City) (State/Zip)

Previous Address From: _____

(Mo/Yr) (Street address) (City) (State/Zip)

Social Security # _____ Phone Number ( ) _____ Birth Date _____

Drivers License /State: _____

Email Address: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize ISI and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to ISI or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

ISI and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security number, and date of birth.

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.

□ I wish to receive a copy of any Background Check Report on me that is requested.

Signature: _____ Date: _____