

USA WRESTLING-KANSAS - COACHES APPLICATION

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Club Name: _____

Have you ever been found guilty, or pled guilty to a felony criminal charge? ☐ Yes
(If you answered yes, please attach an explanation of the charge noting the date, nature and place of the incident leading to the charge, where it was filed and the final disposition.) ☐ No

Have you ever been a Defendant in a lawsuit alleging actual or attempted misconduct, physical or child abuse, which resulted in a judgement entered against you, which was settled out of court or which was dismissed? ☐ Yes
(If you answered yes, please attach an explanation of the lawsuit noting the date, nature and place of the incident leading to the lawsuit, where it was filed and its disposition.) ☐ No

Have you ever terminated your employment or service in a volunteer position or had your employment or authorization to hold a volunteer position terminated, for reasons related to allegations of actual or attempted misconduct, physical abuse or child abuse? ☐ Yes
(If you answered yes, please attach a short explanation or the situation noting the date of termination, the name, address and telephone number of the employer or volunteer supervisor, and the nature of the incident in question.) ☐ No

I hereby affirm that the information contained in this application is true and accurate to the best of my knowledge. I recognize my duty to update this application if I become aware that any answer I have given at this time becomes inaccurate in the future. Further, I understand that any misrepresentation in this application may result in the revocation of my USA Wrestling Coaches Card and that I will be subject to disciplinary action by United States of America Wrestling Association Kansas Inc (USAW-Kansas). I authorize USAW-Kansas to investigate and affirmative responses contained in this application and waive all provisions of the law related to the authorized disclosure of information to USAW-Kansas by any individual or group. I agree that a photocopy or facsimile copy of this authorization is as valid as the original.

Applicant's Signature: _____ Date: _____