Illinois / USA Wrestling
Coach's Card Application 2009-10

Annual Membership: $40, card valid 9/1/09 through 8/31/10

Note: This application and associated documentation, if applicable, must be completed in full for consideration of a coaches card.

First and Middle Name: DO NOT ABBREVIATE **Last Name:**

☐ **Male** **or** ☐ **Female** **Date of Birth:** ☐☐/☐☐/☐☐

Social Security Number: (NOT REQUIRED IF YOU WERE ISSUED A COACHES CARD DURING THE 2008-09 SEASON)

☐☐☐ - ☐☐ - ☐☐☐☐

Address:

City: **Zip Code:**

Home Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Work Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Club:

Have you ever been convicted or adjudicated with a finding of fault, guilt or violation, in regard to an offense involving a minor or any sexual offense? (If you answered yes, please attach an explanation of the charge noting the date, nature, and place of the incident leading to the charge, and where it was filed and the final disposition.)	☐ **Yes** ☐ **No**
Have you ever been convicted or adjudicated with a finding of fault, guilt or violation, in regard to an offense involving any illegal/illicit drug or controlled substance as prescribed by Federal or State law or regulation? (If you answered yes, please attach an explanation of the charge noting the date, nature, and place of the incident leading to the charge, and where it was filed, final disposition time and place including whether you were sentenced or placed on a period of parole or probation.)	☐ **Yes** ☐ **No**
Are you currently serving a sentence or are you on parole or probation for any period for any offense or adjudication of guilt imposed by any court, judge or administrative body? (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.)	☐ **Yes** ☐ **No**
Do you consent to a Criminal Records Background Check? (An answer of no will result in automatic rejection of your request for a coach's card.)	☐ **Yes** ☐ **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 misrepresentations in this application may result in the revocation of my USA Wrestling Coach's Card and that I will be subject to disciplinary action by IL/ISAW and the IKWF Executive Board. I authorize IL/USAW and the IKWF to investigate any affirmative responses contained in this application and waive all provisions of the law related to the authorized disclosure of information to IL/USAW and the IKWF 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:** _____

mail to: IL/USAW, 4932 Wilshire Blvd, Country Club Hills, IL, 60478