

Illinois Kids Wrestling Federation Official's Card Application 2009-10

Annual Membership: \$35, card valid 9/1/2009 through 8/31/2010

Note: This application and associated documentation, if applicable, must be completed in full for consideration of an official's card.

First Name and Middle Name:	Last Name:

<input type="checkbox"/> Male	or	<input type="checkbox"/> Female	Date of Birth:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Social Security Number: (NOT REQUIRED IF ISSUED MEMBERSHIP CARD DURING 2008-09)			
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	<input type="checkbox"/> Mat Official	<input type="checkbox"/> Pairing Official	

Address:

City:	Zip Code:

Main Phone Number:	Alt Phone Number:

Email Address:

<p>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.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you consent to a Criminal Records Background Check? (An answer of <u>no</u> will result in automatic rejection of your request for an official's card.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 official's card and that I will be subject to disciplinary action by the IKWF Executive Board. I authorize 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 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:** _____

Complete and mail to: IKWF, 4932 WILSHIRE BLVD, COUNTRY CLUB HILLS, IL 60478

