

BOWLING CENTER ENROLLMENT FORM



This form is to be completed by an individual who is in a position to legally act on behalf of the bowling center.

PLEASE PRINT CLEARLY

Name of Bowling Center _____

USBC Certification Number _____

Bowling Center Address _____

City, State, Zip Code _____

Center Telephone _____

Official Bowling Center E-mail Address _____

AGREEMENT TO PARTICIPATE

As a legally authorized representative of the above named bowling center, I hereby agree to participate in the United States Bowling Congress Registered Volunteer Program. As a participating center, our bowling center management, employees and volunteers agree to abide by the USBC Registered Volunteer Rules and Policies, and Code of Conduct. I understand our center's participation requires criminal background screening by USBC's designated agency for those specifically identified on the basis of their roles in working with USBC Youth programs. I further understand that our center may enroll any other employee in the Registered Volunteer Program for the purpose of ensuring a safe environment for children who bowl at our center.

DECLINES TO PARTICIPATE

As a legally authorized representative of the above named bowling center, I hereby decline participation in the United States Bowling Congress Registered Volunteer Program by said bowling center, its employees and volunteers. I understand that my decision is without prejudice, and that I may reconsider my decision in the future. Failure to complete this form (regardless of participation decision) may result in USBC, at its discretion, denying or revoking certification of all USBC Youth activities in said center.

OPTIONAL: REQUEST FOR EMPLOYEE REDLIGHT INFORMATION

Bowling centers participating in the USBC Registered Volunteer Program have the option of requesting detailed background screening reports for "red-lighted" employees if the center has paid the registration fee. Centers choosing this option must enter into a separate agreement with the National Center for Safety Initiatives (NCSI), pay for any associated fees and assume responsibility for the confidentiality of any personal information included in the reports. NCSI may be reached at 866-833-7100.

Signature _____

Title _____

Date _____

GET BEHIND THE BADGE



REGISTERED VOLUNTEER PROGRAM
DO YOU KNOW WHO'S ON THE LANES WITH YOUR KIDS?

Return within two weeks to:

USBC Headquarters
621 Six Flags Dr.
Arlington, TX 76011-6305
Fax (817) 385-8262