

# Kids @ Play

P O Box 23531  
Santa Fe, NM 87502  
505-424-0350  
website: kidsatplaynm.org

## Commissioner Participation Form

Please Print  
Clearly

- Office Use Check List :
- ( ) All Signatures Obtained
  - ( ) Background Check Signed & Dated

Pick  
One

### Event

( ) Basketball

( ) Football

( ) Cheer/Dance  
& All Star

Commissioner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

D.O.B: \_\_\_ / \_\_\_ / \_\_\_ Social Security Number \_\_\_\_\_

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work # \_\_\_\_\_

Emails 1. \_\_\_\_\_

2. \_\_\_\_\_

Team Name ( if your child participates) \_\_\_\_\_

Division \_\_\_\_\_

**Authorization For Release of Information (Back Round Check)**

By signing this release statement, I give permission to Kids @ Play to conduct an authorization for release of information (back ground check) as an authorized agent for myself, for the sole purpose of my participation as a referee for the Kids @ Play program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Wavier of Liability**

By signing this participation wavier of liability section, I/WE release, waive and discharge the following organization, businesses, local/state governing communities (Kids @ Play Organization, Kids @ Play Founders, Kids @ Play Board Officials, Kids @ Play Board Members, Kids @ Play Operations, Kids @ Play Coordinators, Kids @ Play Commissioners, Kids @ Play Coaches, Asst Coaches, Jr. Coaches, Kids @ Play Refs/Jr. Refs, Kid @ Play Monitors or Scorekeepers, Kids @ Play Volunteers, Kids @ Play Team/Banner/Participant Sponsors, Santa Fe Public School District, Santa Fe County, The City of Santa Fe, State of New Mexico, Silas Garcia Agency & Associates & K&K Insurance Group, Inc. ) of any and all civil or criminal rights due to injury, physical or mental harm, including disability or death in participating with Kids @ Play organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kids @ Play Media Release Form**

There may be times throughout the season when the news media asks to interview and/or photograph many of our teams and/or participants and/or coaches and/or referees/ Jr. referees and/or any volunteers, and /or Kids @ Play Commissioners . If you are willing for this to occur, we request that you complete the form below.

There will also be times when pictures and/or information may be posted on our Kids @ Play web page. This media release form will serve as permission to post such information as needed.

( ) No **Please check if you are declining media release** Please Initial \_\_\_\_\_

I herby give permission to Kids @ Play, News/Media outlets to photograph/interview me. It is my understanding that this photograph/interview or portion thereof will be used for public view. I agree to participate without financial remuneration , and I understand that this release's Kids @ Play Organization/photographer/News/Media Outlet from any and all future claims, as well as from any liability, arising from the use of the said photograph/interview.

Commissioner Name: \_\_\_\_\_

Commissioner Address: \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628 ATTN: RECORDS  
\$10.00 PER RECORD CHECK

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
NAME (MUST BE PRINTED-LEGIBLY) (SOC) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST  
RECORD INFORMATION ACT, HEREBY APPOINT:

**Kids @ Play**

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

ADDRESS: **P O Box 23531, Santa Fe, NM 87502**

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING  
COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD  
INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING  
INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION  
OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH  
INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE  
DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR  
REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE  
OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS,  
ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE  
BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION  
FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR  
BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE  
AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS,  
ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN)  
IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

( SEAL )

\_\_\_\_\_  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_.