



## Wisconsin Rapids Rafters Player and Intern Host Family Application Form

### Host Family Information:

Primary Host Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Adjunct Host Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Information: *(If different from above)*

Host Family Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



### Household Information:

Please list the names and ages of all household members, including pets:

- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
- Pets (if any): \_\_\_\_\_
- Pets Type of Animal: \_\_\_\_\_

### Background Check Release Agreement:

I hereby authorize the Wisconsin Rapids Rafters Baseball organization and/or its designated agents to conduct a background check as part of the application process for becoming a host family. I understand that this may include a review of criminal records, driving records, and any other records that may be relevant to my suitability as a host family.

I release the Wisconsin Rapids Rafters Baseball organization and all persons or entities providing information or reports to them from any liability arising out of the provision or use of such information. I understand that this information will be used solely for the purpose of evaluating my suitability as a host family.

I understand that any and all information ascertained during the background check shall remain confidential for the purposes of this application for Host Family status.

### Disclaimer for No Reason Disapproval:

I understand that the Wisconsin Rapids Rafters Baseball organization reserves the right to decline my application to become a host family for any reason, including but not limited to concerns related to the safety and well-being of players or interns. I agree not to hold the organization liable for any decision to disapprove my application, and I acknowledge that such a decision may be made without providing a specific reason.



**Declaration:**

By signing below, I confirm that all information provided in this application is accurate and complete to the best of my knowledge.

Primary Host Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Adjunct Host Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Submission Instructions:**

Please submit this completed application form to the Wisconsin Rapids Rafters Baseball organization by email to **Info@RaftersBaseball.com**, by dropping off or mailing it to:

**Wisconsin Rapids Rafters Baseball  
C/O Host Family Coordinator  
521 Lincoln Street, Wisconsin Rapids, WI 54494**

Thank you for your interest in becoming a host family for the Wisconsin Rapids Rafters Baseball. We greatly appreciate your support for the Rafters, Players, and Interns!

Below To Be Complete by Rafters Staff Only	
<input type="checkbox"/> Background Completed	Date: _____
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Rafters Host Coordinator Signature: _____ Date: _____	
Rafters Host Coordinator Printed Name: _____	
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Rafters General Manager Signature: _____ Date: _____	
Rafters General Manager Printed Name: _____	