

Florida Youth Soccer Risk Management Disclosure

To be used by all coaches, volunteers, board members and other registered individuals

I understand that by submission on this application to register with the FYSA affiliate below, I will be subjected to periodic background checks, at a schedule set by FYSA, using whatever services or methods that the FYSA deems appropriate. The results of this background check may be used to deny me the right to participate with any FYSA affiliated organization or program. My signature below authorizes FYSA to periodically run a legally sensitive criminal history check at any time in the future based on the information I have provided on this form. I also understand that should FYSA discover criminal activity that I have not disclosed to FYSA either on this form or by other means, that my status as a coach/volunteer or board member can be revoked. This form must be completed entirely in order to be accepted. **Failure to properly and completely disclose a past criminal history will result in charges of Falsification of Documentation as defined under FYSA's Code of Ethics and/or Rule 505.4**

- Have you ever been convicted of, pled no contest to and had adjudication withheld, or entered a pre-trial diversionary program regarding any of the following: (1) any felony, (2) any crime against another person, (3) any crime involving moral turpitude (4) any crime of violence. _____ Yes _____ No
- If you answered yes to the above, please attach to this form a statement of disclosure explaining all such situations which caused you to answer yes to the above questions, including the details of the crime, the date of conviction and penalty imposed (if any) along with any mitigating factors which you would like the FYSA's Risk Management committee to consider
- Have you ever been a Defendant in a civil action for an intentional tort? _____ Yes _____ No. If yes please include the nature of the tort (whether a battery, assault etc.) and how the action was resolved.

Incidents that FYSA should know about _____

Continue on back, or attach separate sheet.

(Note: In the future the applicant shall resubmit this form as a result of any incident as described above. This form must be resubmitted to FYSA thru the affiliate, not later than the submission for registration for the following seasonal year if there are any changes to the Risk Management Disclosures.)

Coach/Volunteer /BOD Member Information

		Coach License	Leave blank, number assigned by FYSA	VPN	Leave blank, number assigned by FYSA			
Full Legal Name - Last	_____	First	_____	Middle	_____			
Legal Residence	_____							
City	_____			Zip Code	_____			
Home Phone	_____	Work Phone	_____		Mobile			
Date of Birth	_____	Gender	_____	Social Security Number	Required for Secure Access			
			Insert last 4 numbers	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; text-align: center;">000</td> <td style="width: 30px; text-align: center;">00</td> <td style="width: 30px;"></td> </tr> </table>	000	00		
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Email Address _____

Maiden name or other Alias's _____

Signature _____ Date _____

Affiliate/Team Information In submitting this form to FYSA, the affiliate is certifying that the actual identity of the above named person has been confirmed by the affiliate.

The person listed above produced _____ as Identification.

Signature of Registrar/Agent of Record _____ Date _____

District Code _____ Affiliate Code _____

A copy of this form must be submitted to the FYSA for processing for new coach/volunteers. For returning affiliate members the affiliate will produce the original within (2) days if requested