

**Florida Youth Soccer Risk Management Disclosure**

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

I understand that by submission of this application to register with the FYSA affiliate listed below, I will be subjected to periodic background checks, at a schedule set by FYSA, using whatever services or methods that 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 denial of your application and a possible charge of Falsification of Documentation as defined under FYSA's Code of Ethics and/or Rule 505.4.**

- Have you ever been convicted of, 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, or (4) ANY crime of violence? \_\_\_\_\_ Yes \_\_\_\_\_ No
- In the past ten (10) years, have you had a documented history of repeated abuse of alcohol and/or illegal/prescription drugs (e.g., 2 or more DUI's) or any conviction for the manufacture/sale of illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 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.
- If you answered yes to any of the above questions, please attach to this form a statement of disclosure explaining all such situations that 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 that you would like the FYSA's Risk Management Committee to consider.

Incidents that FYSA should know about \_\_\_\_\_  
 \_\_\_\_\_

*Continue on back or attach a 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 through the affiliate, no later than the submission for registration for the following seasonal year if there are any changes to the Risk Management Disclosure Form.)

**Coach/Volunteer /BOD Member Information**

	Coach License	Leave blank, number assigned by FYSA	VPN	Leave blank, number assigned by FYSA	
<b>Full Legal Name - Last</b> _____	First	_____	Middle	_____	_____
Legal Residence _____					
City _____					Zip Code _____
Home Phone _____	Work Phone _____			Mobile _____	
Date of Birth _____	Gender _____	Social Security Number _____	<b>Required for Secure Access</b>		
		Insert last 4 numbers	000	00	
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 FYSA for processing for any new coach/volunteer. For any coach/volunteer returning to the same affiliate for an additional season, the affiliate will produce the original form within two (2) days if requested by FYSA.*