

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 understand that this form must be completed entirely in order to be accepted. **I do hereby understand that should FYSA discover criminal activity that I have failed to disclose either on this form or by other means that my status as a coach/volunteer or board member may be denied or revoked and additional charges may be filed against me as defined under FYSA's Code of Ethics and/or FYSA 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, or (4) ANY crime of violence? _____ Yes _____ No
- Do you have a documented history of repeated alcohol abuse (e.g., 2 or more DUI's within the last 10 years) or use of/or conviction for use/sale of illegal drugs within the last 10 years? _____ 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 _____

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**

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Insert last 4 numbers

Email Address _____

Maiden Name or other Aliases _____

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.