Florida Youth Soccer Coach/Volunteer Application & Risk Management Disclosure

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 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 from as a result of any incident as described above. This from must be resubmitted to FYSA thru the affiliate, not later that the submission for registration for the following seasonal year if there are any changes to the Risk Management Disclosures.)

Signature _____ Date _____

Coach/Volunteer Information

☐ Coach
☐ Volunteer

VPN Leave blank, number assigned by FYSA _____

Full Legal Name - Last _____ First _____ Middle _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____ Mobile _____

Date of Birth _____ Gender _____ Social Security Number _____

Email Address _____

Affiliate/Team Information

In submitting this form to FYSA, the affiliate is certifying that the actual identity of the coach/volunteer has been confirmed by the affiliate.

The person listed above produced _____as Identification.

Signature of Registrar _____ Date _____

District Code _____ Affiliate Code _____ License _____

Please also roster the above named coach to the additional teams listed below:

_____

_____