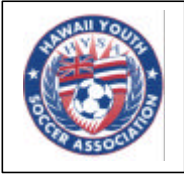


- NOTICE - Incomplete Forms will be rejected - NOTICE-
HAWAII YOUTH SOCCER ASSOCIATION
RISK MANAGEMENT
COACH, VOLUNTEER AND ADMINISTRATOR
DISCLOSURE FORM



Last name _____ *First name _____ * Middle Name(Full) _____

*Social Security # _____ I. D. Number _____ * Expiration Date _____
(Required for Back Ground Check) (Driver Lic, Mil ID, State ID, etc)

Street Address _____

City/Town _____ State _____ Zip Code _____

Home Telephone # _____ Work Telephone # _____ Gender _____

FAX Number: _____ E-Mail: _____ *Date of Birth _____

Coaching License _____ License # _____ When Issued _____

Referee Grade _____

League _____ Club _____

Position in HYSA _____ Team Position _____
(Coach, Manger, etc.) (Coach, Asst. Coach etc.)

*** Mandatory requirement**

Previous residence(s) (if current residence is less than 5 years) City & State _____

1. Have you ever been convicted of a crime of violence, a crime against a person, a crime against property or a felony? YES NO
 If yes, please explain. (Use the back of the form if necessary.)

2. Do you now, or in the past 10 years have you been convicted of using illegal drugs? If yes, (Use the back of the form to disclose pertinent information) YES NO

3. Other than the above, is there any fact or circumstance that would call into question your being entrusted with the supervision, guidance and care of a minor. YES NO

I understand that:

- a. It is the intent of US YOUTH SOCCER and HYSA to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
- b. In applying for a US YOUTH SOCCER or HYSA position, the information, which I have furnished, on this form is subject to verification, which may include a criminal history check.
- c. As a member, as submitted above, I hereby agree to abide by league, club, HYSA, USYSA, USSF and FIFA BY-Laws, rules, regulations, policies and procedure. I further agree that I am accountable for knowing, understanding, and following the same By-Laws, rules , regulations, policies and procedures.

Signature

Printed Name

Date



Mail completed form to:
Hawaii Youth Soccer Assn.
Risk Management Director
930 Hauoli Street, #302
Honolulu, Hawaii 96826