DISCLOSURE STATEMENT

Please circle each appropriate selection:

This is a **1. New Statement**, **2. Replacement for a lost pass, or 3. Renewal** for a:

1. Coach 2. Asst Coach 3. Manager 4. Administrator 5. Volunteer

District: **1. Buffalo 2. Rochester 3. Syracuse 4. Binghamton 5. Southern Tier 6. Twin Tiers**

Program (if applicable): 1. TOPSoccer 2. ODP

BACKGROUND INVESTIGATION CONSENT **PLEASE PRINT CLEARLY**

I, _____, hereby authorize ***New York State West Youth Soccer Association*** and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information provided on this form. I release NYSWYSA and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

_____ Gender: **M or F** _____

FULL NAME (LAST, FIRST, MI) SOCIAL SECURITY #

_____

MAIDEN NAME OR ANY OTHER NAMES USED

_____

PRESENT ADDRESS CITY STATE ZIP CODE COUNTY HOW LONG?

_____ _____ _____

HOME PHONE BUSINESS PHONE DATE OF BIRTH

_____

FORMER ADDRESS CITY STATE ZIP CODE COUNTY HOW LONG?

_____ _____ _____

DRIVER'S LICENSE NUMBER STATE ISSUED EXPIRATION DATE

_____

COACHING LICENSE AND #

1. Have you ever been convicted of a crime of violence? YES NO
   If YES, please explain (use back of form if necessary)
2. Have you ever been convicted of a crime against a person? YES NO
   If YES, please explain (use back of form if necessary)
3. Have you ever had your license suspended/revoked for driving under the influence of alcohol? If YES, please explain (use back of form) YES NO

I UNDERSTAND THAT it is the intent of the New York State West Youth Soccer Association to deny certification to any person who has been convicted of a crime of violence or a crime against a person or who provides false information on this disclosure statement.

_____ _____ _____

SIGNATURE FULL NAME (PRINTED) DATE

Note: For an applicant under the age of 18, a parent or legal guardian must sign this form

Forward this form to your club or league/ program official to be checked and then mailed to the NYSWYSA State Office

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Club/League/Program Official: _____

PRINTED NAME DATE

Club/League/Program Name & Number: _____

Club/League/Program Address: _____

☐ ***Check this box and sign below*** **ONLY IF you want NYSWYSA to conduct a background search for the Volunteer or Administrator listed on this form**

Club/League/Program Official Signature: _____

REVISED 05/12-03