



Risk Management Disclosure Form

Please check each selection where appropriate.

Position: 1. Certified Referee 2. Coach 3. Asst. Coach 4. Manager 5. Administrator 6. Volunteer

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

7. Batavia 8. Elmira 9. Ithaca

Program: 1. Certified Referee 2. TOPSoccer 3. ODP

BACKGROUND INVESTIGATION CONSENT

PLEASE PRINT CLEARLY

I, _____, hereby authorize *New York State West Youth Soccer Association, Inc.* (herein, "NYSWYSA") 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 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 NUMBER REFEREE GRADE AND USSF ID # REFEREE DISTRICT

1. Have you ever been convicted of a crime? YES NO
If YES, please explain (use back of form if necessary)

2. 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 this document becomes a business record of NYSWYSA upon completion by the applicant and delivery to NYSWYSA. I understand that making a false entry in a business record is a violation of NY Penal Law §175.05.

SIGNATURE FULL NAME (PRINTED) DATE

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

Passes shall be returned to:

Club/Association/Program Official: _____
PRINTED NAME

Club/ Association /Program Name & Number: _____

Club/ Association /Program Address: _____

PLEASE SEND THIS FORM TO: NYSWYSA RM Assistant, 41 Riverside Drive, Corning, NY 14830