



**Risk Management Disclosure Form**

Please circle 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

\_\_\_\_\_  
E-MAIL ADDRESS

- 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**