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McCracken County Youth Soccer Association

Disclosure Statement

Last Name (list Name as It Appears on Driver's license)

First Name & Middle Initial

Maiden Name

Kentucky Youth Soccer Association
League Affiliation

McCracken County Youth Soccer Association
Club Affiliation

Street Address

City

State, Zip

(_____) _____
Home Phone

(_____) _____
Work Phone

Gender: ___M ___F

Driver's License Number

State Issued & Expiration Date

Date of Birth

Social Security # or Registration # for non U.S. Citizen

Coaching License, if any

Referee Grade, if any

1. Background in work with youth. Position _____ Year(s) _____
(Use back of form if necessary)

2. Indicate background in soccer. Position _____ Year(s) _____
(Use back of form if necessary)

3. Experience in youth soccer. Position _____ Year(s) _____
(Use back of form if necessary)

4. Previous residence(s) for the past 5 years. City _____ State _____
(Use back of form if necessary) City _____ State _____

5. Have you ever been convicted of a fraud or felony including but not limited to a crime of violence?
If yes, please attach explanation. You Must Check One: ___ YES ___ NO

6. Have you ever been convicted of a crime against a person? If yes, please attach explanation. ___ YES ___ NO

I the undersigned understand and agree to the following:

- A. It is the intent of the McCracken County Youth Soccer Association to deny certification and participation in McCracken County Youth Soccer Association programs to any person who has been convicted of a crime of violence or a crime against a person.
- B. Falsification of information on this disclosure statement may be grounds to deny certification and participation.
- C. This disclosure statement shall be deemed to have continuing validity unless I have been convicted within the preceding year of a violent crime or a crime against a person. In such case I shall resubmit an updated Disclosure Statement.
- D. In applying for a position with McCracken County Youth Soccer Association, I hereby authorize the release of records pertaining to any criminal and domestic abuse history. This authorization is given in connection with a background investigation which may be conducted relative to my application. Any information obtained by a background check will be considered in determining my suitability for the position for which I am applying. In the event my application is disapproved on the basis of a background check, the sources of confidential information cannot be revealed to me. Further, I agree to indemnify and hold harmless the McCracken County Youth Soccer Association, its agents and person to whom this request is presented as well as her/his agents from and against all claims, damages, losses and expenses, including attorney's fees arising out of or by reason of compliance with this request.

Signature

Printed Name

Date