



Coach/Volunteer Registration and Voluntary Disclosure Statement/Agreement

This registration/voluntary disclosure statement must be updated every two years or when any of the following change.



NEW Registration Status Change 2-Year Update
For the Following Volunteer Position(s)

Administration Team Manager/Coordinator Referee Volunteer Coach WSSA ID# _____

First Name & Initial	Last Name	Date of Birth	
Address	City	State and Zip	
Home Phone or Cell	Work Phone	E-Mail	
Coaching License <input type="checkbox"/> No <input type="checkbox"/> Yes Type:	Referee Grade	Social Security Number	
Driver's License Number	State & Expiration	VALID Driver's License <input type="checkbox"/> No <input type="checkbox"/> Yes	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Detail your background working with youth:

Position: _____ Number of Years: _____

Position: _____ Number of Years: _____

Detail your experience in soccer:

Position: _____ Number of Years: _____

Position: _____ Number of Years: _____

Detail your experience in youth soccer:

Position: _____ Number of Years: _____

Position: _____ Number of Years: _____

Have you ever been convicted of a *crime of violence*? No Yes

If **Yes**, explain, using back of form if necessary: _____

Have you ever been convicted of a *crime against a person*? No Yes

If **Yes**, explain, using back of form if necessary: _____

Have you ever been convicted of a *felony*? No Yes

If **Yes**, explain, using back of form if necessary: _____

CAREFULLY READ THE FOLLOWING:

1. It is the intent of *US YOUTH SOCCER/Wyoming State Soccer Association* to deny certification to any person who has been convicted of a crime of violence, a crime against a person or a felony.

No, I do not accept. **Yes, I accept.**

2. During this registration process and at any time during my tenure with the *Wyoming State Soccer Association* (WSSA), **I hereby authorize** WSSA to procure a consumer report, which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

No, I do not authorize or accept. **Yes; I authorize and accept the above.**

Signature/

Printed Name

Date

**For information about your rights under the Fair Credit Reporting Act see the WSSA web site:
www.wyomingsoccer.com or www.ftc.gov/credit**