



# VIRGINIA Youth Soccer Association, Inc.

A MEMBER OF THE UNITED STATES SOCCER FEDERATION AND THE UNITED STATES YOUTH SOCCER ASSOCIATION

## KidSafe Disclosure Statement and Release Form

Kidsafe is a risk management program designed to foster safe circumstances for every person, and especially every child, who participates in a US Youth Soccer affiliated activity. It is a program to inform all VYSA personnel and VYSA members concerning the risks associated with our youth soccer programs. This form will be kept in absolute confidentiality by VYSA or each of its respective members and will be updated annually.

<b>Personal Information</b>	
Name (Full Legal Name, No Initials):	
Address:	
City/State/Zip:	
Home Phone:	Work Phone:
Date of Birth:	
Social Security Number:	
Driver's License Number (Not needed at this time)	
Employer (Not needed at this time)	
Employer Address (Not needed at this time)	
VYSA/League/Club/Team Affiliation: Alexandria Soccer Association	
Email Address/Addresses:	
Current Season, Fall or Spring and Year:	
Current Position (Circle One):	Coach                      Assistant Coach
Age-group? _____	(Circle One): Boys   Girls   Coed
If Coach, who is/are your assistant/s:	
If Assistant Coach, who are you assisting:	

## Disclosure Statement

Please circle "YES" or "NO" to the following questions

1. Have you ever been arrested for or convicted of sexual abuse, physical abuse, or exploitation of any minor?	YES	NO
2. Are you now using illegal drugs?	YES	NO
3. Are you subject to any civil restraining order or any type of civil action relating to child or domestic abuse or violence?	YES	NO

If you answered yes to any of the above questions, please provide detailed information as to the nature of the offense, the number of separate offenses in question, the date of the offenses, the relationship between the offense and the position for which you are applying and any mitigating factors that should be taken into account.

### Release

I understand that my position with VYSA or any of its members is contingent upon my truthful completion and VYSA's or any of its members' review of this form. I authorize and understand that VYSA or any of its members will conduct a background check and may obtain a background report and that I may be requested to provide a set of fingerprints. I understand that I may be immediately discharged for any misrepresentation or material omission on this form. I understand that pending arrest or closed arrest is not an automatic bar to consideration of my application, but it is the intent of VYSA or any of its members to deny a position to any person who has been convicted of an offense that VYSA or a VYSA member determines disqualifies that person from providing services to VYSA or a VYSA member. I understand that VYSA or any of its members will take into account the nature of the offense, the date of the offense and the relationship between the offense and the position for which I am applying and any mitigating factors.

*Please Sign and Date*

Signature

Date

