



## Disclosure Statement

\_\_\_\_\_  
Last Name (List Name as It Appears on Driver's License)

\_\_\_\_\_  
First Name & Middle Initial

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
League Affiliation

\_\_\_\_\_  
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.  
*(Use back of form if necessary)*
2. Indicate background in soccer.  
*(Use back of form if necessary)*
3. Experience in youth soccer.  
*(Use back of form if necessary)*
4. Previous residence(s) for the past 5 years.  
*(Use back of form if necessary)*

Position \_\_\_\_\_ Year(s) \_\_\_\_\_

Position \_\_\_\_\_ Year(s) \_\_\_\_\_

Position \_\_\_\_\_ Year(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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 Illinois Youth Soccer to deny certification and participation in Illinois Youth Soccer 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 Illinois Youth Soccer or its affiliated organization, 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 Illinois 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