



## 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.<br><i>(Use back of form if necessary)</i>              | Position _____ | Year(s) _____ |
| 2. Indicate background in soccer.<br><i>(Use back of form if necessary)</i>              | Position _____ | Year(s) _____ |
| 3. Experience in youth soccer.<br><i>(Use back of form if necessary)</i>                 | Position _____ | Year(s) _____ |
| 4. Previous residence(s) for the past 5 years.<br><i>(Use back of form if necessary)</i> | 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