



CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.
TEAM OFFICIAL REGISTRATION AND
RISK MANAGEMENT DISCLOSURE FORM

20\_\_\_\_/20\_\_\_\_ SEASON

PROVIDING FALSE INFORMATION OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE SUSPENSION FROM ALL CYSA ACTIVITIES

STAFF INFORMATION
\*= REQUIRED FIELDS
Activity: Asst. Coach [ ] Coach [ ] Manager [ ] Team Asst. [ ] Team Official [ ] Trainer [ ]
\*Legal First Name: \_\_\_\_\_ \*Legal Last Name: \_\_\_\_\_
\*Address: \_\_\_\_\_
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_
Email: \_\_\_\_\_ \*Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender: M [ ] F [ ]
Company: \_\_\_\_\_ Occupation: \_\_\_\_\_ CPR Trained: Y [ ] N [ ]
\*Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_
Fax Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_
\*MUST FILL IN AT LEAST ONE OF THE THREE IDENTIFICATION REQUIREMENTS
Social Security Number (Optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other I.D./Passport: \_\_\_\_\_
Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Coach License Level: A [ ] B [ ] C [ ] D-NAT [ ] D-STATE [ ] E/D [ ] E [ ] F [ ] GK [ ] Year Obtained: \_\_\_\_\_ Referee Grd: \_\_\_\_\_

IMPORTANT REGISTRATION QUESTIONS (Check in Box Required)

- 1. Have you ever been convicted of a crime of violence? YES [ ] NO [ ]
2. Have you ever been convicted of a crime against children? YES [ ] NO [ ]
3. Have you ever been convicted of a crime against an individual? YES [ ] NO [ ]
4. Have you ever been convicted of fraud? YES [ ] NO [ ]
5. Have you ever been convicted of a felony? YES [ ] NO [ ]
6. Have you ever been convicted of a crime involving an alcohol or drug related offense in the past 5 years? YES [ ] NO [ ]

If you have answered YES to one or more of the above questions please complete the back of this page, lines A-I. If you have answered YES, you can not be associated with any CYSA affiliated team until you have received clearance from CYSA. If sections A through I are incomplete, this application will be returned, resulting a delay in processing.

I also certify that I have no physical illness or impairment which will make participation in soccer related activities dangerous to me. Registrant represents that the information contained on this form is true and correct and that the registrant has not lied about, misrepresented or otherwise falsified such information. Incomplete forms will be returned!

I understand that:

- 1. It is the intent to deny registration to any person who has been convicted of crime against an individual.
2. In applying for a position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.
3. I will abide by the rules and regulations set forth by the California Youth Soccer Assn. Inc., United States Youth Soccer, United States Soccer Federation and its affiliated Leagues and Clubs.
4. THIS TEAM OFFICIAL REGISTRATION AND RISK MANAGEMENT DISCLOSURE FORM MUST BE UPDATED EVERY SEASONAL YEAR.

I acknowledge having and maintaining at least the minimum amount of insurance as required by the State of California per the State Vehicle Code. I agree to notify CYSA representatives that I do not have such coverage if at any time I am asked to use my personal or non-owned vehicle for affiliated youth soccer activities. Furthermore, I agree to not allow any person who does not have authorization and/or insurance to drive my vehicle for affiliated youth soccer activities.

I declare under Penalty of Perjury under the laws of the State of California that the information that I have furnished on this form is true and correct to the best of my knowledge. This declaration was executed at \_\_\_\_\_, California, on \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

OFFICIAL USE ONLY
CYSA I.D. #: \_\_\_\_\_
Dist: \_\_\_\_\_ Lg: \_\_\_\_\_ Club: \_\_\_\_\_ Team(s): \_\_\_\_\_ U- \_\_\_\_\_ Div: \_\_\_\_\_

If you checked "YES" in any of the boxes in the **IMPORTANT REGISTRATION QUESTIONS** section, you **MUST** provide complete information for lines A through I for each conviction. Submit "YES" marked forms directly to the CYSA State Office: 1040 Serpentine Lane Suite 201, Pleasanton, CA 94566-4754 in an envelope marked **CONFIDENTIAL**. If you have answered **YES**, you can not be associated with any CYSA affiliated team until you have received clearance from CYSA. If sections A through I are incomplete, this application will be returned, resulting a delay in processing.

1. Conviction #1:

A. Case Number: \_\_\_\_\_

B. Section Number Charged with: \_\_\_\_\_

C. Description of Offense: \_\_\_\_\_  
\_\_\_\_\_

D. Date of Incident/Conviction: \_\_\_\_\_

E. Superior Court in the County of: \_\_\_\_\_ in the state of: \_\_\_\_\_

F. Sentencing from the Superior Court: \_\_\_\_\_  
\_\_\_\_\_

G. Have you successfully completed all the sentencing requirements from the Superior Court? Yes  No

H. Are you currently paying fines and/or restitution to the Superior Court? Yes  No

I. Are you currently on any type of probation? Yes  No  What type of probation: Formal  Informal

i. How many years of probation were you given by the court? \_\_\_\_\_

ii. When does your probation end? \_\_\_\_\_

iii. Do you have a Probation Officer that you must report to? Yes  No  If Yes what is the name of your Probation Officer:

\_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

iv. Can CYSA Authorized Staff contact your Probation Officer? Yes  No

2. Conviction #2:

A. Case Number: \_\_\_\_\_

B. Section Number Charged with: \_\_\_\_\_

C. Description of Offense: \_\_\_\_\_  
\_\_\_\_\_

D. Date of Incident/Conviction: \_\_\_\_\_

E. Superior Court in the County of: \_\_\_\_\_ in the state of: \_\_\_\_\_

F. Sentencing from the Superior Court: \_\_\_\_\_  
\_\_\_\_\_

G. Have you successfully completed all the sentencing requirements from the Superior Court? Yes  No

H. Are you currently paying fines and/or restitution to the Superior Court? Yes  No

I. Are you currently on any type of probation? Yes  No  What type of probation: Formal  Informal

i. How many years of probation were you given by the court? \_\_\_\_\_

ii. When does your probation end? \_\_\_\_\_

iii. Do you have a Probation Officer that you must report to? Yes  No  If Yes what is the name of your Probation Officer:

\_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

iv. Can CYSA Authorized Staff contact your Probation Officer? Yes  No