



CALIFORNIA YOUTH SOCCER ASSOCIATION - NORTH
ADULT REGISTRATION AND
TEAM MANAGEMENT DISCLOSURE FORM

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

REGION STATE DIST LEAGUE CLUB TEAM
4B 6 3

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

CYSA ID#

Activity Codes Check Box That Applies
CO=Coach MG=Manager
AC=Assistant Coach TA=Team Assistant
\*= Required Fields

DIVISION: 1 3 4 5

Last First M.I.
Legal Name

Address City

State Zip Code Date of Birth GENDER M F

Home Phone Alternate Phone Number Email Address

Coaching License Level (Circle one that Applies)
A B C D-NAT D-STATE E/D E F GK
Referee Grade Social Security Number (Optional)

Drivers' License Number State Expiration Date
Other I.D.
Passport
Out of State DL

IMPORTANT CERTIFICATION (Check in box required)
\* Have you ever been convicted of a crime of violence? YES NO
\* Have you ever been convicted of a crime against children? YES NO
\* Have you ever been convicted of a crime against an individual? YES NO
\* Have you ever been convicted of fraud? YES NO
\* Have you ever been convicted of a felony? YES NO
\* Have you ever been convicted of a crime involving an alcohol or drug related offense? YES NO
If you have answered YES to one or more of the above questions, please complete the back of this District page, line A-H. Incomplete forms will be returned and will delay 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 in the form shall be true and correct, and that registrant has not lied about, misrepresented or otherwise falsified such information. Incomplete forms will be returned.

- I understand that:
a. It is the intent to deny certification to any person who has been convicted of a crime against an individual.
b. 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.
c. I will abide by the rules and regulations of the California Youth Soccer Association, Inc.
d. THIS ADULT REGISTRATION AND TEAM MANAGEMENT DISCLOSURE FORM MUST BE UPDATED EVERY YEAR.

I acknowledge to have and maintain 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 youth affiliated youth soccer activity. Furthermore, I agree to not allow any person who does not have authorization and/or insurance to drive my vehicle for youth affiliated youth soccer activity.

\* SIGNATURE \* TODAYS DATE / /20

If you checked "YES" in the box, please provide the following information about each conviction on lines A through H: Case Number, Charge Number i.e. (California Vehicle Code, Penal Code, Health & Safety, Business & Professions), Description of Offense, Date of Incident, Name of the Superior Court in the County of, the Sentencing the Superior Court gave you, has your sentencing been completed by all the terms from the court, and are you currently on probation. If sections A through H are incomplete, this application will be returned which will delay the processing.

1.

- A. Case Number: \_\_\_\_\_
- B. Section Number Charged with: \_\_\_\_\_
- C. Description of Offense: \_\_\_\_\_
- D. Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- E. Superior Court in the County of: \_\_\_\_\_
- F. Sentencing from the Superior Court: \_\_\_\_\_
- G. Has all terms of the sentencing been completed that has been issued to you by the Superior Court of the County (list name of county from line "E") \_\_\_\_\_ and all fines, restitution(s) been paid and jail time been served? (If any) \_\_\_\_\_
- H. Are you currently on probation by the court? \_\_\_\_\_ If answer is "Yes" Who is your Probation Officer (Name): \_\_\_\_\_ and contact phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_.

2.

- A. Case Number: \_\_\_\_\_
- B. Section Number Charged with: \_\_\_\_\_
- C. Description of Offense: \_\_\_\_\_
- D. Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- E. Superior Court in the County of: \_\_\_\_\_
- F. Sentencing from the Superior Court: \_\_\_\_\_
- G. Has all terms of the sentencing been completed that has been issued to you by the Superior Court of the County (list name of county from line "E") \_\_\_\_\_ and all fines, restitution(s) been paid and jail time been served? (If any) \_\_\_\_\_
- H. Are you currently on probation by the court? \_\_\_\_\_ If answer is "Yes" Who is your Probation Officer (Name): \_\_\_\_\_ and contact phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_.