



POSITION CODE _____
 Coach **Volunteer**
 Referee **Manager/Coordinator**
 Administrator **Trainer**
 Other _____

Revised 08/2013

MEMBER AFFILIATE NAME

PARTICIPANT DISCLOSURE STATEMENT

_____ FIRST NAME AND INITIAL	_____ LAST NAME	_____ SOCIAL SECURITY NUMBER
_____ ADDRESS	_____ CITY STATE	_____ ZIP CODE
_____ HOME PHONE	_____ CELL PHONE	_____ DATE OF BIRTH
_____ COACHING LICENSE	_____ REFEREE GRADE	_____ GENDER <u>M</u> <u>F</u>
_____ DRIVER'S LICENSE NO.	_____ STATE	_____ EXPIRATION

1. Background in work with youth Position: _____ Year(s): _____
2. Experience in soccer Position: _____ Year(s): _____
3. Experience in youth soccer Position: _____ Year(s): _____
4. Previous residence(s) for last 5 years (use back of form if necessary) City: _____ State: _____
5. Have you ever been convicted of a crime of violence, crime against a person, or a Felony? YES NO

If "YES", please explain (Use back of form if necessary): _____

By signing below I understand that:

- a. GEORGIA SOCCER and/or US YOUTH SOCCER may deny certification to any person who has been convicted of a felony, crime of violence **or** a crime against a person.
- b. In applying for a position within GEORGIA SOCCER and/or US YOUTH SOCCER, the information that I have furnished on this form is subject to verification, which may include a criminal history and personal reference check.
- c. This disclosure statement must be updated at least every two (2) years.
- d. Intentionally omitting, or otherwise falsifying, information on this disclosure may be cause for my initial denial of certification or subsequent dismissal from GEORGIA SOCCER and/or US YOUTH SOCCER.

Signature Printed name Date