



**Disclosure Statement For Certification**  
**TOPSoccer Buddies**

The information that you provide on this disclosure is stored with PWSI/TOPSoccer Association and will only be visible to the Risk Management staff of PWSI/TOPSoccer.

***Please fill out the form below in black ink or type. This is the BUDDY info (not parent)***

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name to be called on field: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Buddy Experience in Years/Months: \_\_\_\_\_

Who is the TOPS player you normal work with (list all): \_\_\_\_\_

*Please Answer Yes or No to the following questions:*

Have you ever been convicted of a crime of violence in/out of state of VA (this includes school)?

Yes No (If YES, please explain.)

Have you even been convicted of a crime against a person in/out of state of VA (this includes school)?

Yes No (If YES, please explain.)

Do you have any convictions or adjudications of guilt for drug-related offenses, alcohol abuse (including DWI), child abuse, or any record of sexual offense and/or sexual misconduct?

Yes No (If YES, please explain.)

Have you ever been suspended or withdrawn from school? If yes, for how long and why?

Yes No

I understand that:

Answering "Yes" to any of the above inquiries will require PWSI/TOPSoccer to make further inquiries before I will be permitted to begin my activities on TOPSoccer's behalf. It is the intent of US Youth Soccer and PWSI/TOPS to deny certification to any person who has been convicted of a crime of violence or of a crime against a person or for any additional documented history of behavior deemed to be detrimental to the health, welfare, and safety of its members. The referenced documents and policies pertaining to denial, suspension, and revocation of coaching and/or administrator privileges are contained in the PWSI/TOPS Risk Management Program.

In applying for a PWSI/TOPSoccer position, the information which I have furnished on this form is subject to verification, which may include a criminal history check as well as fingerprinting. This disclosure statement must be updated a minimum of every two (2) years, understanding that my signature below authorizes PWSI/TOPS to obtain periodic and possible re-occurring criminal history checks during the two year period. I understand that some level of certifications require that this disclosure statement must be updated more frequently than the two year period.

AFFILIATION IS CONTINGENT UPON PWSI/TOPS' REVIEW AND APPROVAL OF THIS DISCLOSURE STATEMENT, TRUTHFULLY COMPLETED BY ME AND SIGNED. I FURTHER UNDERSTAND THAT IF I AM HIRED OR PERMITTED TO VOLUNTEER, I MAY BE DISCHARGED FOR ANY MISREPRESENTATION OR OMISSION ON THIS DISCLOSURE STATEMENT OR DISCOVERY OF A CRIMINAL HISTORY. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

By completing this disclosure statement, I agree to its terms and conditions and my signature thereto may be implied. If under 18 years of age, parent must also sign.

Buddies Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a wallet sized photo*