



MINNESOTA YOUTH SOCCER ASSOCIATION
REGISTRATION, DISCLOSURE AND CONSENT FORM

Please Print or Type

Club: Team: Social Security #:

Applicant's Full Name:

Gender: M F Birth date: Last First Middle Driver's License No. mm/dd/year

Maiden, Former Name or Alias:

Address: No. Street Unit/Apt. No.

City State Zip

Prior Addresses if less than 10 years at above address:

(H) Phone: (W) Phone: Cell:

Fax: Email:

Check all that apply: Coach Trainer Manager Volunteer MYSAs/Club Board Member Other:

NOTE:

- A. MYSA or its members will require this form on an annual soccer year basis and will run routine checks on everyone who completes a form and registers.
B. You can request a hearing to challenge a negative decision.
C. The results will not be released by MYSA to anyone unless ordered to by a court.

Convictions of the following or similar crimes mean you will not be a coach, trainer, team manager, board member or volunteer having significant contact with players registered with MYSA under the Player Protection Policy:

- Any Assault Against a Minor Child Pornography Murder
Criminal Sexual Conduct Manslaughter Felony Assault
Controlled Substance Crimes Against a Minor Victim Child Abuse
Solicitation of a Minor to Engage in Sexual Conduct Kidnapping

Convictions of the following or similar crimes mean you may not be allowed to be a coach, trainer, team manager, board member or volunteer having significant contact with players registered with MYSA or in having conditions/restrictions placed on you that must be followed:

- Domestic Assault or Abuse Child Neglect Assault
Malicious Punishment of a Child Felony DUI Harassment
Controlled Substance Crimes Indecent Exposure Embezzlement
Violation of Restraining Order Felony Theft
Contributing to the Delinquency of a Minor

Please answer the following questions and attach an explanation for any convictions:

- Yes No Have you had parental rights terminated for sexual or physical abuse of children?
Yes No Have you been convicted of any of the crimes (In Minnesota or elsewhere) listed above?
Yes No Have you ever been found liable for civil damages or penalties involving sexual or physical abuse?

Continued on Back, Signature Required

initial

ONLY IF you answered yes to any questions on page 1, send this form to MYSA directly at the following address: MYSA, ATTN: Vice President of Administration, 11577 Encore Circle, Minnetonka, MN 55343. However, after the background check is performed, if you are allowed to participate, the form will be forwarded to your club registrar for registration.

In addition to the above crimes, MYSA policy states that a person may be disqualified from serving if MYSA obtains verifiable information that the individual completing this form:

1. Has been convicted (even if the record is expunged or entered a plea of no contest) of a crime against a minor or a crime that indicates the person may pose a risk to the health, safety and/or well being of players.
2. Has provided false information in completing this form.
3. Has been requested to leave, resign or was terminated from a position due to complaints of physical or sexual abuse of minors.
4. Has been found liable for civil damages or penalties resulting from the physical or sexual abuse of a minor.

I hereby authorize MYSA and/or its agents to conduct routine background checks. I understand that failure to complete this form or providing false or misleading information will result in the denial of my ability to be a coach, trainer, manager, volunteer or board member of MYSA or its affiliate clubs. I have read and provided all explanations as needed.

Date: _____ Adult Signature: _____

STATE OF _____

COUNTY OF _____

Signed or acknowledged before me on _____
Date

[seal, if any]

Signature of Notarial Officer

Title (and Rank)

My commission expires _____