



VIRGINIA Youth Soccer Association, Inc.

A MEMBER OF THE UNITED STATES SOCCER FEDERATION AND
THE UNITED STATES YOUTH SOCCER ASSOCIATION

KidSafe Disclosure Statement and Release Form

KidSafe is a risk management program designed to foster safe circumstances for every person, and especially every child, who participates in a US Youth Soccer affiliated activity. It is a program to inform all VYSA personnel and SCSL members concerning the risks associated with our youth soccer programs. This form will be kept in absolute confidentiality by VYSA and SCSL and will be updated bi-annually. **All items must be filled out. This form is shredded upon completion of the background check.**

Personal Information	
Name (<i>Legal Name</i>)	
Address (<i>Physical Address -No PO Boxes</i>)	
City/State/Zip	
Home Phone	Work Phone
Date of Birth	
Social Security Number (<i>we must have this</i>)	
Employer	
Employer Address	
VYSA/League/Club/Team Affiliation	
Previous League Affiliation if less than 3 years with SCSL	
Current Position (coach/assistant/board) (If you are assisting, whom are you helping?)	

Disclosure Statement

Please circle "YES" or "NO" to the following questions

1. Have you ever been arrested for or convicted of sexual abuse, physical abuse, or exploitation of any minor?	YES	NO
2. Are you now using illegal drugs?	YES	NO
3. Are you subject to any civil restraining order or any type of civil action relating to child or domestic abuse or violence?	YES	NO

If you answered yes to any of the above questions, please provide detailed information as to the nature of the offense, the number of separate offenses in question, the date of the offenses, the relationship between the offense and the position for which you are applying and any mitigating factors that should be taken into account.

Release

I understand that my position with SCSL is contingent upon my truthful completion and SCSL's review of this form. I authorize and understand that SCSL will conduct a background check and may obtain a background report and that I may be requested to provide a set of fingerprints. I understand that I may be immediately discharged for any misrepresentation or material omission on this form. I understand that pending arrest or closed arrest is not an automatic bar to consideration of my application, but it is the intent of SCSL to deny a position to any person who has been convicted of an offense that VYSA or SCSL determines disqualifies that person from providing services to VYSA or SCSL. I understand that VYSA or SCSL will take into account the nature of the offense, the date of the offense and the relationship between the offense and the position for which I am applying and any mitigating factors.

Please Sign and Date

Signature

Date



Completed form may be mailed to:

SCSL-KidSafe P.O. Box 765 Woodstock, VA 22664