WISCONSIN YOUTH SOCCER ASSOCIATION

Manager

Registration Form
& Risk Management Disclosure Statement
Please Print your Information Legibly

Registration Year: ___________________

Club Name		D	E		P	E	R	E		S	E	L	E	C	T		S	O	C	C	E	R				**Club Number**	0	1	7

(Use Code Only)	0	2		W	I		0	0	4		**Coach**			**Classic**	X
	Region			**State**			**District**				**Manager**	X		**Recreational**	

Last Name		**First Name**		**MI**	

Address and City	

W I		/ /			
State	**Zip**	**Home Telephone**	**Date of Birth**	**M**	**F**

Submission of your social security number is optional. The SSN is used to validate the SSN and registrant identity.

SSN: ____________________________________

It is the intent of the Wisconsin Youth Soccer Association to promote and nurture the advancement of the sport of soccer in the State of Wisconsin. In order to accomplish this mission, we must work to provide a safe environment that fosters mutual respect and offers our children the opportunity to develop athletically and socially. As such, we require that coaches, referees, volunteers and administrators do not have a history of criminal or violent behavior.

Please respond to each question.

1. Have you had any prior experience working with young people? ________________ Briefly describe where and when:

   ____

   ____

2. Have you had prior experience with youth soccer? __________ List the club name & state:

   ____

   ____

3. Have you had other residences during the past five years? Please list former address or addresses within the last five years (if you need more space please put address(es) on back):

   ____

   ____

4. Have you ever been convicted of a crime of violence?

5. Have you ever been convicted of child abuse or neglect?

I agree that I will abide by the rules of US Youth Soccer and its affiliated organizations (including the Wisconsin Youth Soccer Association). It is the intent of the Wisconsin Youth Soccer Association to accept coaches, administrators, volunteers and to utilize referees without a prior history of violence, child abuse and/or neglect. The information given in this statement is subject to verification. This may include a criminal history record check, verification of your motor vehicle record or publicly available background information. The answers provided above are truthful and correct. I understand that any false or misleading information I provide on this form may result in denied membership in the Wisconsin Youth Soccer Association and being barred from any and all sanctioned activities.

____

Signature **Date**

Instructions: Submit this form to your De Pere Select Club Registrar to process your Manager Pass.