



# COACH

## Risk Management Registration Form

Include 1" x 1" Photo + credit card number or check made payable to WI Youth Soccer



**PLEASE PRINT YOUR INFORMATION LEGIBLY**

**COACH REGISTRATION FEE = \$10.00**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Middle Initial \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

CLUB AFFILIATION \_\_\_\_\_ CLUB NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DOB \_\_\_\_\_ M / F \_\_\_\_\_ COACH LICENSE LEVEL \_\_\_\_\_

MM / DD / YEAR

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

EMAIL ADDRESS \_\_\_\_\_ 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 club affiliation and state:  
\_\_\_\_\_

3. Have you had other residences during the past five years? \_\_\_\_\_ Please list former addresses below:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

4. Have you ever been convicted of a crime of violence? YES NO  
(circle appropriate answer)

5. Have you ever been convicted of child abuse or neglect? YES NO  
(circle appropriate answer)

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. If I have provided a credit card number on this form, I authorize the Wisconsin Youth Soccer Association to charge my credit card for the appropriate registration fee. 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 \_\_\_\_\_

PAY BY CREDIT CARD \_\_\_\_\_ MC / VISA \_\_\_\_\_ EXP DATE \_\_\_\_\_

**Instructions** Submit this form and registration fee or credit card number directly to the Wisconsin Youth Soccer Association. If submitting hard copy, be sure to include a 1"x 1" photo head shot. Please send to "COACH REGISTRATION" 10708 W Hayes Avenue West Allis, WI 53227

Coaches born in odd years must begin registering August, 2003  
Coaches born in even years must begin registering January, 2004

PROCESSING DATE

**My signature above authorizes the WI Youth Soccer Association to charge my credit card for the appropriate registration fee**

CK # \_\_\_\_\_