

Indiana Youth Soccer Disclosure Form

Legal Name: _____

Social Security # _____

Club Name: _____

Address: _____

City, ST, Zip: _____

Home Phone: _____

E-Mail Address _____

Work Phone: _____

DOB: Month ____ Day ____ Year ____

Driver's License #: _____

Gender: Male ____ Female: _____

Driver's License Exp. Date: _____

1. Do you have a valid driver's license?	Yes _____	No _____
2. Have you ever been convicted of a crime?	Yes _____	No _____
If the answer to #2 is YES, please state the crime, court and date of conviction:		
Crime: _____		
Court: _____ Date of Conviction: _____		
Comments: _____		
3. Has your driver's license ever been suspended?	Yes _____	No _____

If the answer to #3 is YES, please state the reason and date of the suspension and the date the suspension was terminated:

Reason: _____

Date of suspension: _____ Date suspension terminated: _____

4. If you have lived in a state other than Indiana in the last ten (10) years, please list states and dates below:

State _____ Dates _____

State _____ Dates _____

State _____ Dates _____

State _____ Dates _____

I hereby grant to Indiana Youth Soccer and its member organizations, the authority to obtain my criminal and driving record, if any. I understand that I agree to inform the above, if any of this information changes. I also agree to be fingerprinted and photographed if necessary to confirm my identity and criminal history. I affirm under the penalties for perjury that the forgoing is true and accurate.

Signature of Applicant

Date

Please return form to your Club's Risk Management Director.