



CALIFORNIA YOUTH SOCCER ASSOCIATION, INC. MINOR TEAM OFFICIAL REGISTRATION AND RISK MANAGEMENT DISCLOSURE FORM

20__ / 20__ SEASON

PROVIDING FALSE INFORMATION OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE SUSPENSION FROM ALL CAL NORTH ACTIVITIES

APPLICANT INFORMATION
* = REQUIRED INFORMATION

Legal Last Name:* _____ Legal First Name:* _____

Address:* _____

City:* _____ State:* _____ Zip:* _____

Email: _____ Birthdate: ___/___/___ Gender: M F CPR Trained: Y N

Home Phone:* _____ Cell: _____

YOU MUST FILL-IN AT LEAST ONE OF THE THREE REQUESTED IDENTIFICATION INFORMATION SECTIONS BELOW

Driver's License Number: _____ State:* _____ Expiration Date: ___/___/___

Social Security Number: _____ Other ID/Passport: _____

IMPORTANT REGISTRATION QUESTIONS (Check in Box Required)

1. Have you ever been convicted of a crime of violence? YES NO
2. Have you ever been convicted of a crime against children? YES NO
3. Have you ever been convicted of a crime against an individual? YES NO
4. Have you ever been convicted of fraud? YES NO
5. Have you ever been convicted of a felony? YES NO
6. Have you ever been convicted of a crime involving an alcohol or drug related offense in the past 5 years? YES NO

If you have answered YES, you can not be associated with any CYSA affiliated team until you have received clearance from CYSA.

I certify that I have no physical illness or impairment which will make participation in soccer related activities dangerous to me. Registrant represents that the information contained on this form is true and correct and that the registrant has not lied about, misrepresented or otherwise falsified such information. Incomplete forms will be returned!

I understand that:

1. It is the intent to deny registration to any person who has been convicted of crime against an individual.
2. In applying for a position, the information which I have furnished on this form is subject to verification.
3. I will abide by the rules and regulations set forth by the California Youth Soccer Assn. Inc., United States Youth Soccer, United States Soccer Federation and its affiliated Leagues and Clubs.
4. **THIS MINOR TEAM OFFICIAL REGISTRATION AND RISK MANAGEMENT DISCLOSURE FORM MUST BE UPDATED EVERY SEASONAL YEAR UNTIL THE MINOR REACHES 18 YEARS OF AGE, AT WHICH TIME THEY WILL NEED TO COMPLETE FORM #1650 AND BE LIVE SCANNED (FINGERPRINTED).**

I acknowledge having and maintaining at least the minimum amount of insurance as required by the State of California per the State Vehicle Code. I agree to notify CYSA representatives that I do not have such coverage if at any time I am asked to use my personal or non-owned vehicle for affiliated youth soccer activities. Furthermore, I agree to not allow any person who does not have authorization and/or insurance to drive my vehicle for affiliated youth soccer activities.

I declare under **Penalty of Perjury** under the laws of the **State of California** that the information that I have furnished on this form is true and correct to the best of my knowledge. This declaration was executed at (city) _____, California, on (date) _____.

APPLICANT SIGNATURE: _____ DATE: _____

GUARDIAN NAME (PLEASE PRINT): _____

GUARDIAN SIGNATURE: _____ DATE: _____