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RISK ASSESSMENT FORM (CLUB EMPLOYEE/VOLUNTEER DISCLOSURE STATEMENT)

Pursuant to US Club Soccer Policies 103 and 104, every club employee or volunteer who is required to register with US Club Soccer shall complete this disclosure statement on an annual basis at the time of registration. Also note Policy Attachment A: US Club Soccer Risk Management Policy.

Club Name: _____ Current Position(s) (circle one):
 Coach Asst. Coach Manager President, Registrar, DOC

Current Age Group(s) Involved With (circle one): U11 & younger U12 U13 U14
 Boys Girls Co-ed U15 U16 U17 U18 U19 & older

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

1. Background in Youth Sports:	Position(s)	Date(s)

2. Previous Residence(s) for the last 5 years:

Street Address	City	State

3. Have you ever been convicted of a crime? If yes, please explain:

4. Have you ever been denied employment or an opportunity to participate as a volunteer with a youth sports organization pursuant to their background investigations or risk management policies? If yes, please explain:

5. Do you hold a current registration card with another USSF-affiliated organization? If yes, please indicate:
 Organization: _____ State: _____

By signing this application, I hereby verify that the information provided is true and correct, and give US Club Soccer permission to conduct a background check should it choose to do so.

Signature _____ Printed Name _____ Date _____