



Michigan State Youth Soccer Association

9401 General Drive, Suite 120 • Plymouth, MI 48170

Tel 734-459-6220 • Fax 734-459-6242

Web Site: <http://www.msysa.net> • E-mail: stateoffice@msysa.net



RISK MANAGEMENT APPLICATION & DISCLOSURE STATEMENT

THIS APPLICATION ***WILL NOT*** BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETELY FILLED OUT AND A PHOTOCOPY OF A VALID DRIVER'S LICENSE, PASSPORT, STATE ID CARD, OR GREEN CARD IS ATTACHED TO THIS FORM.

Please Indicate Clearance Type: GENERAL CLEARANCE (No charge) EXPRESS CLEARANCE (\$10.00 fee)

Is this a new clearance or a recertification? NEW RECERTIFICATION

LEAGUE/CLUB NAME that you are affiliated with: _____

Note: "MSYSA" is your State Association, **NOT** your League or Club name. Do not list your Team name.

Full Name: _____
Last First Middle

Home Phone: (_____) _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Have you lived outside of Michigan in the last ten years? YES NO

If YES, please indicate your previous address on the back of this form.

Have you ever been convicted of a felony? YES NO

If YES, please indicate your conviction on the back of this form.

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

CERTIFICATION STATEMENTS

I certify that the above statements are true and that the making of false statements may be considered sufficient cause for immediate dismissal upon discovery thereof. I understand, and agree, that any misleading information or omission of information may be cause for dismissal.

I specifically authorize MSYSA, its agents, and its employees to make inquiries of courts, law enforcement agencies, and other entities for records of criminal convictions.

I understand that it is the intent of the MSYSA to deny participation to any person who has been convicted of a serious crime. I understand that any inappropriate and/or unacceptable conversation or conduct with a juvenile may be grounds for immediate dismissal.

I have reviewed the MSYSA Risk Management Volunteer Materials. I also understand that once cleared, a Risk Management Card is then issued and is valid for a maximum of 4 years, if not less. I understand that the MSYSA reserves the right to submit random checks on individuals who have submitted applications at any time.

I agree to hold MSYSA, its agents, its employees, local soccer clubs and leagues, and their officers, harmless from any actions arising out of any criminal check that may be done.

Signature: _____ Date: _____