



AYSO ID#: \_\_\_\_\_

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED

Legal First Name		Full Middle Name		AKA/Nickname		Last Name		Suffix		
Maiden Name (if married within the past 7 yrs.)			Social Security #			Birth Date		Section	Area	Region
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver License #		State	Expires	<b>OR</b>		State ID #		State	Expires
Street Address				Apt/Unit	City			State	Zip Code	
Mailing Address (if different from Street Address)			City		State	Zip Code		Area Code	Home Telephone	
E-mail address								Area Code	Cellular Telephone	

Previous address if lived at current address less than 5 years:						RACE/ETHNICITY (Select One)						
Street Address					Apt/Unit	<input type="checkbox"/> White or Caucasian			<input type="checkbox"/> Black or African American			
City				State	Zip Code		<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> Asian or Pacific Islander		
Employer						<input type="checkbox"/> American Indian or Alaskan Native			<input type="checkbox"/> Other			
Area Code	Work Telephone		Extension	Area Code	FAX Number		<b>For AYSO Regional Use Only</b> Current U.S. Driver License/State I.D. Verified By _____					

**I'M VOLUNTEERING FOR . . .**

Coach     Asst. Coach     Team Parent     Sponsor     Picture Day     Various Board Jobs  
 Referee     Field Setup     Registration     Scheduling     Communications     Other: \_\_\_\_\_

**IF ON THE BOARD, PLEASE INDICATE POSITION**

RC     CVPA     Coach Admin     Ref Admin     Safety Director     Treasurer     Registrar     Other \_\_\_\_\_

I want to coach my child(ren) and am including the name(s) and age(s) of my child(ren): \_\_\_\_\_

Do you have past AYSO experience?    Yes    No  
If yes, what region/city? \_\_\_\_\_

**PROFESSIONAL REFERENCE (Employment, school, church or other organization)**

Organization Name \_\_\_\_\_ Your position/Role \_\_\_\_\_

Contact First Name \_\_\_\_\_ MI \_\_\_\_\_ Contact Last Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PERSONAL REFERENCE (Non-relative, known at least 1 year and must be different from Professional Reference)**

Contact First Name \_\_\_\_\_ MI \_\_\_\_\_ Contact Last Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PRIOR YOUTH VOLUNTEER REFERENCE (IF ANY)**

Organization Name \_\_\_\_\_ Your position/Role \_\_\_\_\_

Contact First Name \_\_\_\_\_ MI \_\_\_\_\_ Contact Last Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

"PLAYSOCCER", AYSO's quarterly magazine is mailed to every household. By e-mail and regular mail, AYSO sends other publications and information we think will be of interest to our members. If, for some reason, you do not wish to receive these other materials, please check this box

**DISCLOSURE:** All applicants must answer the following two questions. Failure to answer honestly will disqualify the applicant from service as a volunteer in the American Youth Soccer Organization ("AYSO"). AYSO acceptance of an applicant will be based on existing AYSO Safe Haven policies available from the regional Child & Volunteer Protection Advocate or on-line at <http://soccer.org/Programs/SafeHaven/Background+Checking+Policy.htm>

- Have you ever been convicted of a crime?  YES  NO
  - Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order:  YES  NO
- If yes, describe each in full. Also indicate date(s) of crime(s) and in which city, county and state each took place. (Attach a separate sheet if needed.)

**IMPORTANT! PLEASE READ THE AGREEMENTS PRINTED ON THE REVERSE SIDE, THEN SIGN BELOW**

**I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND THE WAIVER, CONSENT AND RELEASE OF LIABILITY, THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The AYSO Endowment Fund:** The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Services Department at 800-872-2976 or send an e-mail message to [endowment@ayso.org](mailto:endowment@ayso.org).

## WAIVER, CONSENT, RELEASE, DISCLAIMER AND ASSUMPTION OF RISK AGREEMENTS

By affixing my signature on the reverse side of this form, I, on behalf of myself, and my heirs, assigns and next of kin, hereby enter into the following agreements **IN CONSIDERATION OF** my being able to participate in any way as a volunteer at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO") as well as **IN CONSIDERATION OF** my being able to enter into or upon the premises or facilities where the EVENTS are or will be taking place.

**WAIVER, CONSENT AND RELEASE OF LIABILITIES:** I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless AYSO and its officers, employees and volunteers and any person or organization that provides information for or to AYSO concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with AYSO. I acknowledge that I have the right to receive a copy of any background check report secured by AYSO. If I have checked the box following this sentence, I would like to receive a copy of any such background check.  Yes

If accepted as an AYSO volunteer, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies, and all decisions and directions of the Regional Board of Directors, area and section staff, and the National Board of Directors, and I understand that I may be removed as an AYSO volunteer at any time with or without cause.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in soccer necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I WILLINGLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES .

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to me or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I agree the terms and conditions hereof shall apply to all of my volunteer participation in AYSO, regardless of the year or season in which such participation takes place, unless superseded by a new volunteer application.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

**ACKNOWLEDGEMENT AND CONSENT:** I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the safety director of my region or on-line at <http://soccer.org/Resources/Forms/Insurance+Forms.htm> and either I have read and understand the terms or I will do so before I volunteer. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of me consistent with the AYSO Privacy Policy set forth at <http://soccer.org/AdminManagement/Legal/Privacy+Policy.htm>. I consent to such uses and hereby waive all rights to approval and compensation.

**(continued on the reverse side)**