



Michigan State Youth Soccer Association  
 23077 Greenfield Road, Suite 510 • Southfield, MI 48075  
 Tel 248-557-8220 • Fax 248-557-8216 • 800-811-2727  
 Web Site: [www.msysa.net](http://www.msysa.net) • E-mail: [stateoffice@msysa.net](mailto:stateoffice@msysa.net)



**RISK MANAGEMENT APPLICATION & DISCLOSURE STATEMENT**

Positions Applying for : Soccer Volunteer    Coach/Asst.    Administrator    Trainer    Board Member

**LEAGUE** NAME / **CLUB** NAME (s) that you are affiliated with: \_\_\_\_\_ / \_\_\_\_\_

**THE LINE ABOVE MUST BE FILLED OUT! Note: "MSYSA" is your state association not your LEAGUE or CLUB name.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ DOB \_\_\_\_\_  
Last                      First                      Middle

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ # years \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ # years \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This application **will not** be processed without a photocopy of a valid driver's license, passport, state ID card or green card. Please attach it to this form. I specifically authorize MSYSA, and its agents, to make inquiries of courts and law enforcement agencies for records of criminal convictions.

**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 understand that it is the intent of the MSYSA to deny participation to any person(s) who has been convicted of a serious crime. In addition, this form must be updated at least every two (2) years, or a period described by the MSYSA.

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

I have received and reviewed the MSYSA Risk Management Volunteer Manual.

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

**RETURN THIS FORM TO:**

**MSYSA Risk Management  
 23077 Greenfield Road, S-510  
 Southfield, MI 48075**