



Michigan State Youth Soccer Association RISK MANAGEMENT PROGRAM



RISK MANAGEMENT APPLICATION & DISCLOSURE STATEMENT

THIS APPLICATION **WILL NOT** BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETELY FILLED OUT AND ARE PRINTED OR TYPED LEGIBLY.

RISK MANAGEMENT APPLICATION FEE \$10

A check made payable to MSYSA must accompany this application

LEAGUE(s) that you are affiliated with: _____
Do not list 'MSYSA' or your Team name.

Club Name: _____

(The club within your league to which you belong) If you do not know your CLUB name, please leave blank.

Full Name: _____
First Middle Initial Last Suffix Maiden Name

Social Security Number: _____ - _____ - _____ *This field is required. Your clearance will **only** be processed with a valid SSN #

Present Address: _____

City: _____ State: _____ Zip Code: _____ APT/Suite #

Home Phone: (_____) _____ Age: _____ Date of Birth: _____ Sex: M F

Email: _____ ^{Must be 18+} *This field is required. Your clearance will **only** be processed with a valid email address

Have you ever been convicted of a crime (felony or misdemeanor) involving any of the following?*

- | | | |
|--|------------------------------|-----------------------------|
| Harm or threat of harm against a person or persons? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Sexual offenses (including pornography and "victimless" crimes)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Drugs and/or other controlled substances? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Cruelty to animals? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

CERTIFICATION STATEMENTS

PLEASE READ CAREFULLY*

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 hereby give my full consent and permission to Michigan State Youth Soccer Association to obtain information relating to my criminal history and any other applicable records through a third party national background screening company and their agents. The records as received by the reporting agencies may include but not limited to arrest, conviction, social security verification and/or driving records as well as plea bargains, deferred adjudications, and delinquent conduct committed as a juvenile. I understand that this information will be used in part to determine my eligibility for a volunteer or staff/board position within this organization. I also understand that as long as I remain in such capacity here, the above mentioned record checks may be repeated at any time. I understand that I will have an opportunity to review the records as received by the national background screening company and a procedure is available for clarification, if I dispute the records that have been received. I also understand that the records received could contain information presumed expunged.

I, the undersigned, by checking the box below, do for myself, my hires, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify Michigan State Youth Soccer Association and the provider of the national background screening, each of their officers, directors, employees, volunteers and agents and hold them harmless from and against any and all causes and actions, including but not limited to: suits, liabilities, costs, debts, and sums of money, claims, and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability) and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to serve.

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, MSYSA Risk Management Policy, and MSYSA Privacy Policy. I also understand that once cleared, a Risk Management Certification is then issued and is valid for a maximum of 2 years, if not less. The Risk Management Certification generally expires in two (2) years from the date of application. I understand that MSYSA reserves the right to submit random checks on individuals who have submitted applications at any time.

Signature: _____ Date: _____

Please mail to: Attn RM 9401 General Drive Suite 120 Plymouth, MI 48170