

ARIZONA

YOUTH SOCCER ASSOCIATION

Coach & Administrator Registration Form

Affiliation

League Arizona Desert Sky League
Club CISCO Soccer Club
Team CISCO

Please Check All That Apply

- | | |
|--|---|
| <input type="checkbox"/> Coach | <input type="checkbox"/> AYSA Administrator |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> League Administrator |
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> Club Administrator |
| <input type="checkbox"/> Team Parent | <input type="checkbox"/> Volunteer |

Last Name _____ First Name _____ MI _____
Address _____ City _____
AZ _____ () _____ () _____ () _____
State Zip Code Home Telephone Number Cell Telephone Number Work Telephone Number Month Day Year Birth Date
E-mail address _____ Gender M F
Team Age Bracket _____ Coaching License _____ Referee Grade _____

1. Background in work with youth Position _____ Year(s) _____
2. Experience in soccer Position _____ Year(s) _____
3. Experience in youth soccer Position _____ Year(s) _____

Have you filled out a Disclosure Form? Yes No Year _____

I understand that:

- a. It is the intent of the ARIZONA YOUTH SOCCER ASSOCIATION to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
- b. In applying for an ARIZONA YOUTH SOCCER ASSOCIATION position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.
- c. A disclosure statement must be updated at least every year.

Print Name _____

Signature _____ Date _____