

ARROYO YOUTH SOCCER CLUB APPLICATION

ADULT REGISTRATION FORM FOR RECREATIONAL ONLY



(For AYSC Use Only)		No. of teams coaching: _____
SEASON: Fall 20____ - Spring 20____	Age U____ B G	Team Name: _____
License: U6/8 U10/12 "E" "D"	Age U____ B G	Team Name: _____

(ALL APPLICANTS) PERSONAL INFORMATION

Position: Head Coach Ass't Coach Manager **Related to:** _____

Last Name	First	Middle	Birth Date:	Age:	Sex:
			/ /		<input type="checkbox"/> M <input type="checkbox"/> F

Current Street Address:	City	ZIP Code

E-mail Address:	Phone # to best contact you:	2 nd Phone Number:
	H / W / C	H / W / C

Driver's License Number: _____ **Issuing State:** _____ **DL Expiration Date:** _____

(NEW COACHES ONLY) - PLEASE FILL OUT BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has any court ever received a plea of guilty or nolo contendere from you for any offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has any court deferred further proceedings without entering a finding of guilty, or placed you on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever voluntarily resigned, been removed from a position of authority or arrested for moral turpitude or dishonesty? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered YES to any of the above four (4) questions, please provide details below. Affirmative answers and/or conviction of a crime is not an automatic bar from consideration. The nature and date of offense and its relationship to the position for which you are applying will be considered.

Are you a U.S. Citizen? Yes No If No, list current country of citizenship and Visa/Work Permit Status: _____

I certify that all of my statements on this application, the information provided, and the attachments hereto, are true and complete to the best of my knowledge. I acknowledge that I have read and fully understand the certification/consent for criminal background check/authorization/waiver/release/indemnity, and that I accept and sign this form voluntarily.

X _____ / _____ / _____
Signature **Print Name** **Date**

FOR AYSC OFFICE USE ONLY

Date Roster was given: _____ Affinity – Date Entered & Initial _____ L.O. – Date Entered & Initial _____ KidSafe Pass No: _____