



New Jersey Youth Soccer
Volunteer Coach Membership Form
(Type or Print Legibly)

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** ____ **Zip:** _____ **Phone:** _____

Email Address: _____

League: _____ **League #** _____

Club: _____ **Club #** _____

Team # _____ **Coach Pass # NJ10** _____ **Coach License Level** _____

IMPORTANT

I will abide by the rules and regulations of the US Soccer, US Youth Soccer, New Jersey Youth Soccer its affiliated organizations and its sponsors. In consideration of the my participation in the soccer programs intending to be legally bound, hereby release and indemnify the US Soccer, US Youth Soccer, New Jersey Youth Soccer the owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the my participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the US Soccer, US Youth Soccer, New Jersey Youth Soccer and their sponsors the right to use my name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant of in the Programs.

I hereby certify that I am not being compensated for my services and I am a volunteer.

Name: _____ **Date:** _____
Print

Signature: _____



New Jersey Youth Soccer

KidSafe Disclosure Statement

_____		_____		_____	
First Name & Initial		Last Name		Social Security Number	
_____			_____	_____	_____
Address (No PO Box Address)			Town	State	Zip Code
() _____	() _____	_____			
Home Phone	Business Phone	Date of Birth			
_____		_____	_____		
Drivers License Number		State	Expiration		

1. Background in work with youth Position _____ Year(s) _____
2. Experience in soccer Position _____ Year(s) _____
3. Experience in youth soccer Position _____ Year(s) _____
4. Previous residence(s) City _____ State _____
(for last 5 years)
5. Have you ever been convicted of a
crime or disorderly person offense? If
yes, please explain (Use back of form
if necessary) Yes No
6. Have you ever been convicted of a
crime against a person? If yes please
explain (Use back of form if
necessary) Yes No

I understand that:

- a. It is the intent of New Jersey Youth Soccer to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
- b. This disclosure statement must be updated at least every year.

_____	_____	_____
Signature	Printed Name	Date

THIS FORM IS TO BE HANDED IN TO YOUR CLUB'S KIDSAFE COORDINATOR

Our Club's KidSafe Coordinator shall store this completed form in a secure environment.
The form will not be sent to New Jersey Youth Soccer.



New Jersey Youth Soccer

KidSafe Program Club Certification

PLEASE PRINT

Club Name: _____

Club Number: _____

KidSafe Coordinator:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone() _____

I certify that the club named above has on file a KidSafe "Employment/Volunteer Disclosure Statement" form and/or a "Memo for Record" for every volunteer or employee associated with our organization.

Signature

Date: _____

Attach the following documentation

1. A list of names of every volunteer or employee for which you have a form on file
2. The name, address, and identification information of any individual you have disqualified
3. The name, address, and identification information of any individual you have completed a Memo for Record

THIS FORM MUST BE RECEIVED IN THE NJYS OFFICE BY OCTOBER 1st EVERY YEAR. FAILURE TO COMPLY WILL PLACE YOUR CLUB "NOT IN GOOD STANDING" WITH NJYS