



AYSO ID#: \_\_\_\_\_

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED

Legal First Name		Full Middle Name		AKA/Nickname		Last Name		Suffix		
Maiden Name (if married within the past 7 yrs.)			Social Security #			Birth Date		Section	Area	Region
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver License #		State	Expires	OR	State ID #		State	Expires	
Street Address			Apt/Unit	City			State	Zip Code		
Mailing Address (if different from Street Address)			City	State	Zip Code	Area Code	Home Telephone			
E-mail address						Area Code	Cellular Telephone			

Previous address if lived at current address less than 5 years:						RACE/ETHNICITY (Select One)											
Street Address				Apt/Unit		<input type="checkbox"/> White or Caucasian			<input type="checkbox"/> Black or African American								
City				State		Zip Code		<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> Asian or Pacific Islander						
								<input type="checkbox"/> American Indian or Alaskan Native			<input type="checkbox"/> Other						
Employer												For AYSO Regional Use Only Current U.S. Driver License/State I.D. Verified By _____					
Area Code		Work Telephone		Extension		Area Code		FAX Number									

I'M VOLUNTEERING FOR . . .											
<input type="checkbox"/> Coach	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Picture Day	<input type="checkbox"/> Various Board Jobs						
<input type="checkbox"/> Referee	<input type="checkbox"/> Field Setup	<input type="checkbox"/> Registration	<input type="checkbox"/> Scheduling	<input type="checkbox"/> Communications	<input type="checkbox"/> Other: _____						

IF ON THE BOARD, PLEASE INDICATE POSITION											
<input type="checkbox"/> RC	<input type="checkbox"/> CVPA	<input type="checkbox"/> Coach Admin	<input type="checkbox"/> Ref Admin	<input type="checkbox"/> Safety Director	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Registrar	<input type="checkbox"/> Other				
I want to coach my child(ren) and am including the name(s) and age(s) of my child(ren): _____								Do you have past AYSO experience? Yes No If yes, what region/city? _____			

PROFESSIONAL REFERENCE (Employment, school, church or other organization)											
Organization Name				Your position/Role							
Contact First Name		MI	Contact Last Name			Area Code	Telephone Number		Ext.		
Address			City			State	Zip Code				

PERSONAL REFERENCE (Non-relative, known at least 1 year and must be different from Professional Reference)											
Contact First Name		MI	Contact Last Name			Area Code	Telephone Number		Ext.		
Address			City			State	Zip Code				

PRIOR YOUTH VOLUNTEER REFERENCE (IF ANY)											
Organization Name				Your position/Role							
Contact First Name		MI	Contact Last Name			Area Code	Telephone Number		Ext.		
Address			City			State	Zip Code				

"PLAYSOCCER", AYSO's quarterly magazine is mailed to every household. By e-mail and regular mail, AYSO sends other publications and information we think will be of interest to our members. If, for some reason, you do not wish to receive these other materials, please check this box ☐

**DISCLOSURE:** All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer in the American Youth Soccer Organization ("AYSO"). AYSO acceptance of an applicant will be based on existing AYSO Safe Haven policies available from the Regional Child & Volunteer Protection Advocate or online at: [http://www.ayso.org/special\\_programs/safe\\_haven/background\\_check\\_policy.aspx](http://www.ayso.org/special_programs/safe_haven/background_check_policy.aspx)

Have you ever been convicted of a crime? YES ☐ NO ☐

If yes, describe each conviction in full. Also indicate date(s) of crime(s) and in which city, county and state each took place. (Attach a separate sheet if needed.)

☐ Check here if you are a returning volunteer and have previously disclosed this conviction(s).

**IMPORTANT! PLEASE READ THE AGREEMENTS PRINTED ON THE REVERSE SIDE, THEN SIGN BELOW**

**I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND THE WAIVER, CONSENT AND RELEASE OF LIABILITY, THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.**

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

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

**The AYSO Endowment Fund:** The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Services Department at 800-872-2976 or send an e-mail message to [endowment@ayso.org](mailto:endowment@ayso.org).

## WAIVER, CONSENT, RELEASE, DISCLAIMER AND ASSUMPTION OF RISK AGREEMENTS

By affixing my signature on the reverse side of this form, I, on behalf of myself, and my heirs, assigns and next of kin, hereby enter into the following agreements **IN CONSIDERATION OF** my being able to participate in any way as a volunteer at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO") as well as **IN CONSIDERATION OF** my being able to enter into or upon the premises or facilities where the EVENTS are or will be taking place.

**WAIVER, CONSENT AND RELEASE OF LIABILITIES:** I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless AYSO and its officers, employees and volunteers and any person or organization that provides information for or to AYSO concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with AYSO. I acknowledge that I have the right to receive a copy of any background check report secured by AYSO. If I ☒ have checked the box following this sentence, I would like to receive a copy of any such background check. ☐ Yes

If accepted as an AYSO volunteer, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies, and all decisions and directions of the Regional Board of Directors, area and section staff, and the National Board of Directors, and I understand that I may be removed as an AYSO volunteer at any time with or without cause.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in soccer necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I WILLINGLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES .

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to me or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I agree the terms and conditions hereof shall apply to all of my volunteer participation in AYSO, regardless of the year or season in which such participation takes place, unless superseded by a new volunteer application.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

**ACKNOWLEDGEMENT AND CONSENT:** I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the safety director of my region or on-line at [http://ayso.org/Resources/Insurance/Insurance\\_forms.aspx](http://ayso.org/Resources/Insurance/Insurance_forms.aspx) and either I have read and understand the terms or I will do so before I volunteer. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of me consistent with the AYSO Privacy Policy set forth at [http://ayso.org/resources/legal/privacy\\_policy.aspx](http://ayso.org/resources/legal/privacy_policy.aspx). I consent to such uses and hereby waive all rights to approval and compensation.

(continued on the reverse side)