

OYSAN Coaches/Volunteer Registration Form

2009 - 2010 Seasonal Year

This is a form used to appoint coaches and others who have direct contact with players. All clubs, coaches, community clubs or other who submit this form must either know the person or conduct a reference check.

Date: _____

Black Swamp Soccer League
Cory Rawson Soccer Club

Team Name: _____ (Will be assigned by Registrar)

Coaches Information:

Name: _____

Address: _____

City: _____, Ohio Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

License Grade: None A B C D E U9/10 U11/12 U13/14 License No. _____

Emergency contact name and number: _____

Please list two non-related references: (name, address and phone number)

1. _____

2. _____

As an OYSAN registered coach, I hereby agree to follow and uphold all of the rules and regulations of the above named league, the Ohio Youth Soccer Association North and US Youth Soccer. I also understand that if I do not follow these rules and regulations, I will be subject to sanctions by my league or state association for my actions. In addition I have signed and submitted the Risk Management (formerly KidSafe Disclosure Statement) to the State Office. (This form can be completed online at www.oysan.org). I discharge and/or otherwise indemnify the organization/league/club for which I am registering to coach, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of myself as a result of my participation.

Above Person Signature: _____ **Date:** _____

The cost for coach's registration is the same amount as the players on any given team. This form must accompany the team's registration with the league. All coaches who are currently participating in OYSAN activities of any kind must be properly registered every seasonal year with their team. Every team must register all coaches on each team.

Leagues with Multiple Community Teams:

I certify by submitting this form that either the person is known to the club/community, or that reference checks were done and revealed nothing detrimental to the coach. By submitting this form, we recommend the above person and request that the person be appointed by the above league for the 2009 - 2010 seasonal year.

Community Representative

Date

KIDSAFE DISCLOSURE STATEMENT 2009-2010

PLEASE PRINT CLEARLY:

First Name and Middle Initial Last Name Social Security Number*

Street Address City State & Zip Code

Home Phone / Cell Phone Email Address Date of Birth

*The The Ohio Youth Soccer Association North and your league are private entities. It is a policy of the Board of Directors that each and every person who coaches soccer in the association must be subject to random background checks. In the State of Ohio, these are done through Social Security Numbers or fingerprints. We have chosen to use Social Security numbers as a means to randomly check back-grounds for felony convictions. This mechanism has proven to be valuable in eliminating persons with felony convictions involving violence against people, including children. This information is kept very safe and secure in locked filing cabinets in locked offices. This information appears on no mailing or other list. If you choose to not provide your social security number, we thank you for your service to soccer, but you cannot coach. If you cannot completely fill out this form, please inform your league, which will replace you with another coach.

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, please explain: _____

Have you ever been convicted of a crime that involved the welfare of a child? YES NO

If yes, please explain: _____

Have you ever been convicted of a crime that involved the harm or threat against a person or persons? YES NO

If yes, please explain: _____

Have you ever been convicted of a crime that involved sexual offenses (including pornography & victimless crimes)? YES NO

If yes, please explain: _____

Have you ever been convicted of a crime that involved an alcohol or drug related offense? YES NO

If yes, please explain: _____

Have you ever been convicted of a crime that involved cruelty to animals? YES NO

If yes, please explain: _____

Do you have any pending litigation against you? YES NO

If yes, please explain: _____

Have you relocated from another state in the past 12 month YES NO

If yes, please explain: _____

CERTIFICATION STATEMENT - 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 the OYSAN 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 signing below, do for myself, my hires, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify OYSAN Hammerhead Communications ("The Active Network, Inc.") and the provider of the national background screening service, 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 OYSAN 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 understand that once cleared, a Risk Management Certification is then issued and is valid for a maximum of 1 year, if not less. The Risk Management Certification generally expires in one (1) year from the date of application. I understand that OYSAN reserves the right to submit random checks on individuals who have submitted applications at any time. I understand that OYSAN reserves the right to electronically communicate with me on news, programs, events, tournaments, etc.

Signature of Applicant

Date