



NEW JERSEY YOUTH SOCCER

KIDSAFE DISCLOSURE STATEMENT

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

The Club's KidSafe Coordinator shall store this completed form in a secure environment. The form will not be sent to New Jersey Youth Soccer and will be maintained by the Club for a period of two years after the seasonal year.

Individuals who receive an NJYS Coach Pass are not expected to complete a KidSafe form because these individuals have already passed a background check. All other Club officials, including recreational coaches, which may find themselves alone with children, must complete a KidSafe form.

First Name and Initial	Last Name		
Address	Town	State	Zip Code
Home Phone	Business Phone	Date of Birth	

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 the last 5 years)
5. Have you ever been convicted of a crime or
disorderly person offense? If yes, please explain. Yes No
(use separate form if necessary)
6. Have you ever been convicted of a crime or
of a crime against a person? If yes, please explain. Yes No
(use separate form if necessary)

I understand that 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.

Signature	Printed Name	Date
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