



716 8th Ave. N.
 Myrtle Beach, SC 29577
 Phone: (843) 429-0006
 Fax: (843) 626-4681
 Email: admin@usclubsoccer.org
 Website: www.usclubsoccer.org

RISK ASSESSMENT FORM
(CLUB EMPLOYEE/VOLUNTEER DISCLOSURE STATEMENT)

Pursuant to US Club Soccer Policies 103 and 104, every club employee or volunteer who is required to register with US Club Soccer shall complete this disclosure statement at the time of registration. Also note Policy Attachment A: US Club Soccer Risk Management Policy.

Club Name: _____ Current Age Group(s) Involved With: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Current Position(s): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

1. Background in Youth Sports:

Position(s)

Date(s)

2. Previous Residence(s) for the last 5 years:

Street Address

City

State

3. Have you ever been convicted of a crime? If yes, please explain:

4. Have you ever been denied employment or an opportunity to participate as a volunteer with a youth sports organization pursuant to their background investigations or risk management policies? If yes, please explain:

By signing this application, I hereby verify that the information provided is true and correct.

Signature _____ Printed Name _____ Date _____