

Kids Safe Form

INSTRUCTIONS:

1. Please print this document.
2. Fill in all information and sign.
3. Mail completed for to address listed below.

PERSONAL INFORMATION:		
NAME		
First	Middle	Last
ADDRESS		
Street	City	State and Zip Code
PHONE/EMAIL		
Home	Cell	Email Address
()	()	
DRIVERS LICENSE		
Number	Expiration Date	State in which was Issued
Date of Birth		
Coaching License		State in which was Issued:
Referee Grade		State in which was Issued:

QUESTIONS:		
1. List background in working with youth.	Position(s):	Year(s):
2. Experience with soccer.	Position(s):	Year(s):
3. Experience with youth soccer.	Position(s):	Year(s):
4. Previous residence for last 5 years.	City:	State:
5. Have you ever been convicted of a crime or disorderly person offense? <i>If yes, please explain and use back of form if necessary.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Have you ever been convicted of a crime against a person? <i>If yes, please explain and use back of form if necessary.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

I understand that:

1. It is the intent of the New Jersey Youth Soccer to deny certification to any person who has been convicted of violence or a crime against a person.
2. This disclosure statement must be updated at least every year.
3. I have read and understood the Concussion awareness document posted at <http://www.LongValleyRecSoccer.org/Concussions.pdf>

Signature: _____

Printed Name: _____

Date: _____

**MAIL COMPLETED FORM TO:
 LVRSA Kids-Safe Coordinator
 P.O. Box 230
 Long Valley, NJ 07853**