



# DISCLOSURE FORM

Norcross Soccer Association, Inc.  
4530 S. Berkeley Lake Rd., Suite D  
Norcross, GA 30071-1657  
Ph: 770-840-9275 Fax: 770-840-8281

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Employer \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Coaching License \_\_\_\_\_ Referee Grade \_\_\_\_\_ Male [  ] Female [  ]  
Previous Residence(s) last 5 years (use back of form if necessary) City \_\_\_\_\_ State \_\_\_\_\_  
Background in work with youth: Position \_\_\_\_\_ Years \_\_\_\_\_  
Experience in soccer: Position \_\_\_\_\_ Years \_\_\_\_\_

Have you ever been convicted of a crime of violence or a crime against a person? Yes \_\_\_ No \_\_\_  
Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
Have you ever been subject to any court order involving sexual, physical or verbal abuse, including, but not limited to, a domestic or protection order? Yes \_\_\_ No \_\_\_  
Have you ever been adjudged liable for civil penalties of damages involving sexual, physical, or verbal abuse? Yes \_\_\_ No \_\_\_  
Do you have a history of complaints of sexual, physical, or verbal abuse? Yes \_\_\_ No \_\_\_  
Have you ever resigned, been terminated or asked to resign from any position, paid or unpaid, due to a complaint(s) of sexual, physical or verbal abuse? Yes \_\_\_ No \_\_\_  
Have you used an illegal substance in the past 10 years? Yes \_\_\_ No \_\_\_  
Do you have a conviction for the use and/or sale of an illegal substance? Yes \_\_\_ No \_\_\_  
Please explain each yes answer in detail. Use the back of form or additional pages as necessary.

With my signature, I agree that:

1. In applying for a position, the information that I have furnished on this form is subject to verification, which may include a criminal history check requiring fingerprints.
2. It is the intent of Norcross Soccer to deny certification to any person who has been convicted of a crime of violence or a crime against a person or a felony.
3. As a coach or program administrator, I will abide by Club, League, GYSA, USYSA, and FIFA bylaws, rules, regulations, policies and procedures. I further agree that I am accountable for knowing, understanding, and following these regulations.
4. This Disclosure Statement must be updated at least every two (2) years.
5. By signing this form, I attest that the information provided on this form is accurate and true.

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_