



716 8<sup>th</sup> Ave N.  
 Myrtle Beach, SC 29577  
 Phone: (843) 429-0006  
 Fax: (843) 626-4681  
 Email: admin@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 on an annual basis at the time of registration. Also note Policy Attachment A: US Club Soccer Risk Management Policy.

Club Name: \_\_\_\_\_ Current Position(s) (circle one):  
 Coach Asst. Coach Manager President, Registrar, DOC

Current Age Group(s) Involved With (circle one): U11 & younger U12 U13 U14  
 Boys Girls Co-ed U15 U16 U17 U18 U19 & older

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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:  
 \_\_\_\_\_

5. Do you hold a current registration card with another USSF-affiliated organization? If yes, please indicate:  
 Organization: \_\_\_\_\_ State: \_\_\_\_\_

By signing this application, I hereby verify that the information provided is true and correct, and give US Club Soccer permission to conduct a background check should it choose to do so.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_