



HAWAII YOUTH SOCCER ASSOCIATION
 P.O. Box 31286
 Honolulu, Hawaii 96820

HYSA Volunteer Disclosure & Membership Form

FOR LEAGUE USE ONLY
 TRANSFER
 NEW
 REREGISTRATION
 CHANGE/CORRECTION

This Form Must be Completed by ALL Coaches & Administrators

League Name _____ Age Group _____ Div. _____

Club/Team _____

(USE CODE ONLY) Region _____ State _____ District _____ League _____ Club _____ Team _____ Recreational = R Competitive = C

ID#:

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Month _____ Day _____ Year _____

Male = M Administrator = A Coach's License Level _____
 Fem = F Coach = C

Email Address _____ Coaching License Level & Number _____

Social Security Number _____ Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Previous Address (if Current Address is less than 5 years)
 Address _____ City _____ State _____

POSITION IN HYSA
 Check all that apply.

- Head Coach
- Asst. Coach
- Team Manager
- Team Assistant
- Team Parent
- Director of Coaching
- Asst. Director of Coaching
- Board Member
- Referee
- Committee Member
- Other, Please Explain

Please answer the following questions. Failure to answer or intentionally falsifying information are grounds for automatic denial of membership or disqualification.

1. Have you ever been convicted of a crime, including a DUI? Yes No
2. Do you have a history of alcohol abuse or the use of illegal drugs? Yes No
3. Do you have a history of child abuse or sexual misconduct involving a minor? Yes No
4. Other than the above, is there any other information that casts serious doubt on your ability to be entrusted with the supervision, guidance, and care of minor children? Yes No
5. Have you ever been denied membership into HYSA (include instances that have been appealed)? Yes No

If you have answered yes to any of the above question, please attach a sheet of paper and explain.
 (Note: Even if previously cleared by HYSA, you must disclose the above, each time this form is submitted.)

I UNDERSTAND THAT:

A. It is the policy of USYS/HYSA and its member leagues to exclude or deny membership to persons convicted of certain crimes or whose prior history includes sexual misconduct, abuse of alcohol, use of illegal drugs, or conduct that casts serious doubt on my ability to be entrusted with the supervision, guidance, and care of minor children.

B. In applying for a USYS/HYSA or league position, the accuracy and completeness of the information that I have furnished on this form is subject to verification, which may include a criminal background and history check.

C. If admitted as a member, I hereby agree to abide by FIFA, USSF, HYSA/USYS league, and club By-laws, rules, regulations, policies, and procedures. I further agree that it is my responsibility to know and understand the aforementioned. I submit this form of my own free will.

Signature of Applicant: _____

Print _____

Date _____

FOR HYSA USE ONLY

Fee Rec'd: Yes No
 CK# CASH?
 Background Ck: Yes No
 Status: Date
 Pass Iss'd Yes No
 Date Mailed:
 Entered in Computer
 Yes No
 Date Entered