

SPARTAN SUMMER LEAGUE

COACHES DISCLOSURE STATEMENT

_____	_____	_____
First Name	Last Name	Social Security Number
_____	_____	_____
Address	City	State and Zip Code
(____)_____	(____)_____	_____
Home Phone	Cell Phone	Date of Birth
_____	_____	_____
Driver's License Number	State	Expiration
School Team in Summer League	_____	
1. Background in work with youth	Position _____	Year(s) _____
2. Experience in soccer	Position _____	Year(s) _____
3. Experience in youth soccer	Position _____	Year(s) _____
4. Previous residence(s) (for last 5 years)	City _____	State _____
5. Have you ever been convicted of a crime or disorderly person offense?	YES	NO
If yes, please explain: (use back of form if necessary)		
6. Have you ever been convicted of a crime against a person?	YES	NO
If yes, please explain: (use back of form if necessary)		
7. Have you completed training course for concussion awareness?	YES	NO
If not, please complete following course prior to coaching https://www.cdc.gov/headsup/index.html		
_____	_____	_____
Signature	Printed Name	Date