

INDIANA YOUTH SOCCER ASSOCIATION

DISCLOSURE FORM

_____	_____	_____
First Name and Initial	Last Name	Social Security Number
_____	_____	_____
Street and Number	City	State and Zip Code
_____	_____	_____
Home Telephone	Office Telephone	E-Mail Address
_____	_____	_____
Driver's License Number	Expiration Date	Date of Birth

1. Do you have a valid driver's license? Yes ___ No ___

2. Have you ever been convicted of a crime? Yes ___ No ___
If you answered yes to number 2, please state the crime, the court and date of conviction. _____.

3. Has your driver's license ever been suspended? Yes ___ No ___
If you answered yes to number 3, please state the reason for the suspension, _____ The date of the suspension and the date the suspension was terminated. _____.

4. If you have lived in a state other than Indiana in the last ten (10) years, please list the dates and the states. (use back of form if necessary.) _____.

I hereby grant to Indiana Youth Soccer the authority to obtain my criminal and driving record, if any. I further state under the penalties for perjury that the information contained in this questionnaire is true and accurate. I understand that I agree to inform the above if any of this information changes. I affirm under the penalties for perjury that the forgoing is true.

State of Indiana

County of _____

Signature of Applicant

Before me, a Notary Public in and for said County and State, personally appeared who executed or acknowledged the execution of the foregoing, and who, having been duly sworn, stated that the representations therein contained are true.

Subscribed and sworn before me this _____ day of _____ 2000. Notary Public

Commission Expires: _____

County of Residence: _____