



# LEAVENWORTH SOCCER ASSOCIATION (LSA)

## VOLUNTEER DISCLOSURE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

POSITION: \_\_\_ Coach \_\_\_ Volunteer \_\_\_ Manager/Coordinator \_\_\_ Administration /Board

1. Have you ever been convicted of a violent crime?      YES      /      NO

(If yes, please explain. Use a separate sheet if necessary)

2. Have you ever been convicted of a crime against a person?      YES      /      NO

(If yes, please explain. Use a separate sheet if necessary)

I understand that:

- It is the intent of Leavenworth Soccer Association to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
- Falsification of information on this disclosure statement may be grounds to deny certification.
- This disclosure statement must be updated at least once per year.

INJURY WAIVER:

*I/We assume all risks incidental to the conduct of the activities. I/We do further release, absolve, indemnify, and hold harmless, the Leavenworth Soccer Association, the sponsors and supervisors, any or all of them. In case of injury to myself, I/We hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed to them. I/We likewise release from responsibility any person transporting myself to or from activities.*

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Signature

Printed Name

Date