

## Kids Safe Form

1. Please print this document.
2. Fill in your information.
3. Mail to address listed below.

First Name & Initial	Last Name	Social Security Number
Address	Town	State and Zip code
(    )	(    )	
Home Phone	Business Phone	Date of Birth
Coaching License	Referee Grade	State
Drivers License Number	State	Expiration
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? If yes, please explain (Use back of form if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever been convicted of a crime against a person? If yes please explain (Use back of form if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**I understand that:**

1. It is the intent of New Jersey Youth Soccer to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
2. This disclosure statement must be updated at least every year.

Signature	Printed Name	Date

**THIS FORM IS TO BE MAILED TO:**  
**LVSA Kid-Safe Coordinator**  
**P.O. Box 230**  
**Long Valley, NJ 07853**