



WA Youth Soccer Minor Disclosure Form

To the Washington Youth Soccer Risk Management Director:

I am an applicant under the age of 18 years old and in lieu of running a national background check I would like to submit this letter of recommendation signed by an adult, non-family member that I am acquainted with. By writing my name above I acknowledge that I am submitting this under penalty of perjury. I attest that I have no known criminal history and that I uphold a character of good repute.

I understand that once I turn 18 years old, it is my obligation to complete a background check within 30 days of my 18th birthday. A failure to complete a background check within 30 days may result in discipline up to and including termination.

I understand that Washington Youth Soccer requires me to complete this form accurately and honestly. I understand that Washington Youth Soccer will rely on this form. Submission of this form does not guarantee any result.

Minor Signature

Minor Name Printed: _____ Date: _____

Address: _____

City: _____ Zip: _____

Contact Phone or Email: _____

Adult Reference:

This letter is intended to serve as a reference for the minor applicant listed above. I know this individual and can attest to their character of good repute, diligence and excellent work ethic. I acknowledge this information is accurate and true. Please accept this applicant as I believe he/she will excel within the Washington Youth Soccer organization.

I understand that Washington Youth Soccer requires the minor applicant to complete this form accurately and honestly. I understand that Washington Youth Soccer will rely on this form. Submission of this form does not guarantee any result.

Signature

Printed Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Contact Phone or Email: _____