

# Winchester Youth Soccer Youth Leader Request Form

**PLEASE PRINT OR TYPE THE INFORMATION CLEARLY**

Social Security Number \_\_\_\_\_

DLN \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Maiden Name(s) and/or Alias \_\_\_\_\_

Street Address / PO Box \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Age Group:    U4    U6    U8    U10    U12    U14    U16

Team Name \_\_\_\_\_

Coach

Assistant Coach

Helper

Have you ever been convicted of a crime of violence? \_\_\_\_\_

Have you ever been convicted of a crime against a person? \_\_\_\_\_

Have you ever been convicted of any crime?  
(include DUI's and Possession of a Controlled Substance) \_\_\_\_\_

If yes to any of the above please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***I authorize the release to WYSL-Winchester Youth Soccer League any record or information concerning my driving record and any crime committed or alleged to have been committed by me. This includes, but is not limited to, arrest records and conviction data. I hereby release any governmental, police, law enforcement, or any other agency as custodian of such records, including all officers, employees or related personnel, both individually and collectively, from any and all liability for damages of any type which may at any time result to me, my heirs, family or associates because of compliance with this authorization. I also understand that all information about myself may be considered public record.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date