

WSA Risk Management Form

Please check each selection where appropriate.

Position:

1. _____ Certified Referee
2. _____ Coach
3. _____ Asst. Coach
4. _____ Manager
5. _____ Administrator
6. _____ Volunteer



PLEASE PRINT CLEARLY

FULL NAME (LAST, FIRST, MI)

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

DATE OF BIRTH

E-MAIL ADDRESS

This information will be sent to New York State West Youth Soccer Association (NYSWYSA). At that time an email will be sent to you requesting more information. You must reply to this email in order for a background check to be completed. Once your check is cleared, a pass will be issued to WSA. If a pass is denied or you fail to complete this process, you will no longer be able to participate in club activities. Once the pass is received, you will be notified. A full-face picture 1"x1" is required to be affixed to the pass and signed by the applicant. At that time WSA will laminate your pass and issue it to you. All passes are property of NYSWYSA and WSA.

If you have any questions or concerns, please contact the WSA office at wsa1@webstersoccer.com