LSA RISK MANAGEMENT YOUTH DISCLOSURE STATEMENT

Please print clearly and complete this form in full. Return to LSA Risk Manager, 475 Gardere Lane, Baton Rouge, LA 70820

Name of Minor: _____
First Middle Last

Address: _____

City, Zip _____ Date of Birth: _____

Position (Check all that apply)

□ **Coach** □ **Assistant Coach** □ **Manager** □ **Trainer**

□ **Referee** □ **Volunteer** □ **Other** _____

Parental/Guardian Approval

I, _____ swear or affirm that I am the parent or guardian
(print name)

of _____ and that there is no legal, moral or ethical reason
(print name)

why (he or she) should not be allowed to be a (check appropriate box(s) above):

for : Club name _____ Team Name _____.

Furthermore I authorize LSA or its affiliates to perform any reasonable background check to confirm there are no legal or moral reasons not to allow (him or her) to perform these duties.

_____ _____
Signature Date

_____
(print name)

This disclosure statement must be updated annually as required by the Louisiana Soccer Association.

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