



**CITY OF FOLSOM, PARKS AND RECREATION DEPARTMENT  
TEAM OFFICIAL REGISTRATION AND  
RISK MANAGEMENT DISCLOSURE FORM  
2013-14 SEASON**



PROVIDING FALSE INFORMATION OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE SUSPENSION FROM ALL CITY OF FOLSOM ACTIVITIES

TEAM OFFICIAL INFORMATION	<b>* = REQUIRED FIELDS</b>				Activity: Coach [ ] Asst. Coach [ ] Manager [ ] Team Official [ ]			
	TEAM NAME:		AGE-	DIVISION-	GENDER-			
	*Legal First Name: _____		* Legal Last Name: _____					
	*Address: _____							
	*City: _____		*State: _____		*Zip: _____			
	*Email: _____		*Birth Date: _____		*Gender: M [ ] F [ ]			
	Company: _____		Occupation: _____		CPR Trained: Y [ ] N [ ]			
	*Home Phone: _____		Cell Phone: _____					
	Fax Phone: _____		Business Phone: _____					
	<b>*MUST FILL IN AT LEAST ONE OF THE THREE IDENTIFICATION REQUIREMENTS</b>							
Social Security Number (Optional): _____ - _____ - _____				Other I.D./Passport: _____				
Driver License Number: _____		State: _____		Expiration Date: _____				
Are you a licensed Coach? Y [ ] N [ ]. Do you have a current Referee License? Y [ ] N [ ]								

**IMPORTANT REGISTRATION QUESTIONS (Check in Box Required)**

- |   |                |
|---|----------------|
| 1 Have you ever been convicted of a crime of violence?  | YES [ ] NO [ ] |
| 2 Have you ever been convicted of a crime against children?   | YES [ ] NO [ ] |
| 3 Have you ever been convicted of a crime against an individual?  | YES [ ] NO [ ] |
| 4 Have you ever been convicted of fraud?  | YES [ ] NO [ ] |
| 5 Have you ever been convicted of a felony?   | YES [ ] NO [ ] |
| 6 Have you ever been convicted of a crime involving an alcohol or drug related offense in the past 5 years? | YES [ ] NO [ ] |

If you have answered YES to one or more of the above questions please complete page 2, lines A-I.

If sections A through I are incomplete, this application will be returned, resulting a delay in processing.

I also certify that I have no physical illness or impairment which will make participation in soccer related activities dangerous to me.

Registrant represents that the information contained on this form is true and correct and that the registrant has not lied about, misrepresented or otherwise falsified such information. Incomplete forms will be returned!

I understand that:

- 1 It is the intent to deny a coaching position to any person who has been convicted of a crime against an individual.
- 2 The information which I have furnished on this form is subject to verification, which may include a criminal history check.
- 3 I will abide by the rules and regulations set forth by the City of Folsom, Parks and Recreation Department, and The Folsom Sports Complex
- 4 THIS TEAM OFFICIAL REGISTRATION AND RISK MANAGEMENT DISCLOSURE FORM MUST BE UPDATED EVERY SEASONAL YEAR.

I declare under **Penalty of Perjury** under the laws of the **State of California** that the information that I have furnished on this form is true and correct to the best of my knowledge.

This declaration was executed at \_\_\_\_\_, California, on \_\_\_\_\_.  
City MM/DD/YY

SIGNATURE: \_\_\_\_\_

**If you checked "YES" in any of the boxes in the IMPORTANT REGISTRATION QUESTIONS section, you MUST provide complete information for lines A through I for each conviction. Submit "YES" marked forms directly to the City of Folsom, Parks and Recreation Dept, Folsom Sports Complex at 66 Clarksville Road, Folsom, CA 95630, Attn: Ray Robitaille. All information provided will be held CONFIDENTIAL. If you have answered YES, you can not be associated with any team until you have received clearance from the City of Folsom. If sections A through I are incomplete, this application will be returned, and may result in a delay in processing.**

Conviction #1:

- A. Case Number: \_\_\_\_\_
- B. Section Number Charged with: \_\_\_\_\_
- C. Description of Offense: \_\_\_\_\_  
\_\_\_\_\_
- D. Date of Incident/Conviction: \_\_\_\_\_
- E. Superior Court in the County of: \_\_\_\_\_ in the state of: \_\_\_\_\_
- F. Sentencing from the Superior Court: \_\_\_\_\_
- G. Have you successfully completed all the sentencing requirements from the Superior Court? Yes [ ] No [ ]
- H. Are you currently paying fines and/or restitution to the Superior Court? Yes [ ] No [ ]
- I. Are you currently on any type of probation? Yes [ ] No [ ] What type of probation: Formal [ ] Informal [ ]
  - i. How many years of probation were you given by the court? \_\_\_\_\_
  - ii. When does your probation end? \_\_\_\_\_
  - iii. Do you have a Probation Officer that you must report to? Yes [ ] No [ ]If Yes what is the name of your Probation Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
- iv. Can City of Folsom Authorized Staff contact your Probation Officer? Yes [ ] No [ ]

Conviction #2:

- A. Case Number: \_\_\_\_\_
- B. Section Number Charged with: \_\_\_\_\_
- C. Description of Offense: \_\_\_\_\_  
\_\_\_\_\_
- D. Date of Incident/Conviction: \_\_\_\_\_
- E. Superior Court in the County of: \_\_\_\_\_ in the state of: \_\_\_\_\_
- F. Sentencing from the Superior Court: \_\_\_\_\_
- G. Have you successfully completed all the sentencing requirements from the Superior Court? Yes [ ] No [ ]
- H. Are you currently paying fines and/or restitution to the Superior Court? Yes [ ] No [ ]
- I. Are you currently on any type of probation? Yes [ ] No [ ] What type of probation: Formal [ ] Informal [ ]
  - i. How many years of probation were you given by the court? \_\_\_\_\_
  - ii. When does your probation end? \_\_\_\_\_
  - iii. Do you have a Probation Officer that you must report to? Yes [ ] No [ ]If Yes what is the name of your Probation Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
- iv. Can City of Folsom Authorized Staff contact your Probation Officer? Yes [ ] No [ ]