



Kansas State Youth Soccer Association (KSYSA)

Referee Risk Management Form

First Name: _____ Last Name: _____

Date of Birth: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

(H) Phone: _____ (C) Phone: _____ (W) Phone: _____

Referee Grade Level: _____

	Yes	No
I referee youth soccer events	_____	_____
I have completed the Online Disclosure Form for KSYSA	_____	_____
I am currently a Coach or Team Manager for one of KSYSA's Member Clubs or Leagues	_____	_____

List the leagues you referee for:

Effective July 1, 2009, all referees who are 18-years-old or older working Kansas Youth Soccer sanctioned leagues, tournaments or friendly games must complete an Online Disclosure form and submit a \$10 annual fee to Kansas Youth Soccer.

All referees who are 18 and above will have a mandatory background check performed. Referees will NOT be permitted to work any Kansas Youth Soccer event if he or she has not completed an Online Disclosure and been approved by Risk Management.

Signature: _____ Date: _____

Send completed form and check for \$10 payable to KSYSA to:
Kansas Youth Soccer
708 S. Rogers Road, Ste. C
Olathe, KS 66062