

# Team Registration & Risk Management Form



CITY OF FOLSOM  
DISTINCTIVE BY NATURE

**CITY OF FOLSOM - PARKS & RECREATION  
TEAM OFFICIAL REGISTRATION  
and RISK MANAGEMENT DISCLOSURE FORM  
SEASON 2024-25**

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 <input type="checkbox"/>		Asst. Coach <input type="checkbox"/>		Manager <input type="checkbox"/>		Team Official <input type="checkbox"/>	
	TEAM NAME:				AGE GROUP:		DIVISION:		TEAM GENDER:			
	*Legal First Name: _____				*Legal Last Name: _____							
	*Address: _____											
	*City: _____				*State: _____		*Zip: _____					
	*Email: _____				*Birth Date: _____				*Gender: M <input type="checkbox"/> F <input type="checkbox"/>			
	*Company: _____				*Occupation: _____				*CPR Trained: Y <input type="checkbox"/> N <input type="checkbox"/>			
	*Cell Phone: _____											
	*Driver License/ID Number: _____				*State: _____		*Expiration Date: _____					
	Are you a licensed Coach? Y <input type="checkbox"/> N <input type="checkbox"/> .				Do you have a current Referee License? Y <input type="checkbox"/> N <input type="checkbox"/>							

**\*MUST FILL IN ALL STARRED IDENTIFICATION REQUIREMENTS**

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1 you ever been convicted of a crime of violence?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2 Have you ever been convicted of a crime against children?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3 Have you ever been convicted of a crime against an individual?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4 Have you ever been convicted of fraud?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5 Have you ever been convicted of a felony?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6 Have you ever been convicted of a crime involving an alcohol or drug related offense in the past 5 years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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 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.
- 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: \_\_\_\_\_

TEAM OFFICIAL REGISTRATION AND RISK MANAGEMENT DISCLOSURE FORM 2024-25

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, Andy Morin Sports Complex, 66 Clarksville Road, Folsom, CA 95630, Attn: Cynthia Mandel. All information provided will be held. CONFIDENTIAL.

If you have answered YES, you cannot 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.

\*Legal First Name: \_\_\_\_\_ \*Legal Last Name: \_\_\_\_\_

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  NoIf 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  NoIf Yes what is the name of your Probation Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
  - iv. Can City of Folsom Authorized Staff contact your Probation Officer? Yes  No