

Kid Safe Consent Form

To: Board Members, Administrators, Coaches, Assistant Coaches, Referees, Team Managers and all other Staff or Volunteers involved with any SSA Youth Members

From: Southern Soccer Academy

Re: KID SAFE Program from GSSA and USYSA

As members of the Georgia State Soccer Association and through our affiliation with the United States Youth Soccer Association, we have been directed to participate in a nationwide program designed to bring early attention to the potential for child abuse in youth sports programs.

The "National Child Protection Act of 1993" provides for the "screening of all coaches, referees, and administrators for conviction for crimes of violence and crimes against persons." It defines "child abuse" as "a crime committed under any law of a state that involves the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by any person. Each organization is to undertake a background check on those persons who are "employed or volunteer" and "has or may have unsupervised access to a child."

Under the law, and in order for the background checks to proceed, each of us must fill out the attached form and submit it along with a copy of your Driver License to the club handling the background checks.

The background check will be limited to a search for conviction on "crimes of violence and crimes against persons" on "Child Abuse, Sexual Abuse, Sexual Exploitation, Sexual Explicit Conduct and Reckless Endangerment of a Child (or minor person)."

There is timeliness to this process as well. GSSA has directed that we are to complete this task each season and so we urge you not to delay in returning the completed form to us at the league office.

Thank you in advance for your cooperation.

Southern Soccer Academy



GEORGIA STATE SOCCER ASSOCIATION (Consent Form)

LEAGUE NAME: S	outhern Soccer Acade	my	
repositories, counties	s and correctional instite eflect any reportable of	tutions. All infor	by authorize the Southern Soccer g to me, from the files of state mation is considered public record. local and state criminal justice
Please provide the f license.	ollowing information	along with a co	opy of your current/valid driver's
NAME:			
Last		First	Middle
DATE OF BIRTH: _	Month/Day/Year		Social Security Number
PLACE OF BIRTH:			
	City		State
SEX:	RACE:	Height:	Weight:
SIGNATURE OF A	PPLICANT		
DATE			
Notary Public			
Sworn to and subscribe before me, this day			
of			
DATE RESPONSE I	RECEIVED		