



***RISK MANAGEMENT
COMPLIANCE FORM***
Due date: August 15, 2020



CLUB NAME: _____

CLUB NUMBER: _____

CLUB PRESIDENT: _____
(print)

I certify that every coach, administrator, and volunteer for the above named Club has completed an SCYSA *Volunteer Disclosure Statement* and these forms have been submitted to the SCYSA State Office on or before August 15, 2020. Failure to do so will result in fines and/or sanctions. Also, my Club will continue this process with all new personnel registering or volunteering for the seasonal year 2020/2021.

President

Date

**Submit forms through Affinity or by mail, fax or scan to:
SC Youth Soccer,
7436 Broad River Road,
Bldg. 2, Suite 211,
Irmo, SC 29063
Fax: 803-749-4353
E-mail: scysa@scysa.org**