



## Youth Protection Training Complete Form

**I hereby certify that I have reviewed the Youth Protection Program (Version 2) presentation document provided by the Clarence Soccer Club and that I accept the policies and procedures contained therein. I also certify that I am not a Level 1, 2, nor 3 Registered Sex Offender (as determined by NYS). And I agree that I will comply with the given CSC Youth Protection Guidelines.**

Signature	
Full Name	
Date	
Current Address	
DOB	
Position (Coach, Asst Coach, Admin, etc.)	
Division (if applicable)	
Team Name (if applicable)	

Please return this completed and signed form to the CSC House League Registrar:

Scan & Email: [cscregistration@hotmail.com](mailto:cscregistration@hotmail.com)

Mail Clarence Soccer Club, PO Box 598, Clarence NY 14031