

AYSO Outside Services Questionnaire Form

Version: mt05-30-2018
Location: *Insert*

Authorization to provide services will be subject to both AYSO National and Region Approval

Application for MY _____ Region: _____

Company Information

Company Name: _____ Date: ___/___/___ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: (_____) - _____ Cell Phone: (_____) - _____ EIN # _____

Email: _____

How long in business (date started):

Company Category

Field Services (Surveyor, Painting):

Field Maintenance (Mowing, etc.):

Food Services:

Book Keeping/Accounting:

Player Support (Trainers, Coaches):

Referees:

Player Support Only

How many employees (e.g. trainers) do you have? _____

Have all been AYSO Safe Haven certified? Yes No If, not, when? _____

Have all completed the CDC Concussion training? Yes No If, not, when? _____

How will you submit Safe Haven/ Concussion certification? _____

How do you recruit your staff and what are their soccer qualifications?

Background check vendor: _____ Can AYSO Contact Vendor? Yes No

Fees for services (per trainer hour): \$_____.

Minimum hours required per session: _____ hrs.

Will Staff remain the same week to week? Yes No

Insurance/Finance Background Check

Do you carry current Workers Compensation and General Liability Insurance? Yes No

If so, please, explain:

Have any of your staff been disciplined by AYSO or other soccer organizations? Yes No

If so, please, explain:

Have you had any claims filed against your insurance within the past 5 years? Yes No

If so, please, explain:

Is your Company/Organization affiliated in any way shape or form with a professional school or amateur sports entity (including, but not limited to for profit or not-for-profit schools, clubs, and associations)? Yes No

Authorized Signature: _____ Title: _____ Date: ___/___/___

Print Name: _____

*Attached Copies: Training Services Agreement, Business License, Insurance Certificate (current) and W-9