Employee/Volunteer Disclosure Statement for Northern Kentucky Swim League, Inc. 2025 Season

To be completed by each employee and volunteer who will have direct contact with youth participants.

NAME:			
City:	St:	Zip:	
Date of Birth:			
1. Background in	Youth Sports (as Coach, Mgr., Office	cial or other type): Add	add'l sheet if necessary.
Position Held	League/Team Name	Date(s)	City/State
2. Previous Resid	ence(s) for the last 5 years:		
3. Have you ever	been convicted of a crime? If yes, p	olease explain. Use add'	l sheets if necessary.
	ntion, I hereby verify that the information he intent of the NKSL, Inc. is to den		
violence or a crime aga	ainst another person. I further under my own expense, the cost for which	stand that I will be requi	ired to complete an online
understand and agree t	hat the NKSL, Inc. or its affiliates mer/staff services with or without cau	nay, in their sole discretion	on, decline to accept my
unsportsmanlike mann	er or display conduct detrimental to inst me. This action may include sus	the NKSL or its affiliate	es, the NKSL, Inc. may take
Signature	Printe	d Name	Date