



**AYSO Outside Services Questionnaire Form**

Version: mt10-14-2022  
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 any been AYSO Safe Haven certified?  Yes  No

Have all completed Safe Sport training?  Yes (**National Requirement**)

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

Have completed sudden Cardiac Arrest training where required by state?  Yes

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

For California Live Scan all applicable employees?  Yes (**State requirement – Refer to state guidelines**)

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

\*Note: Certain circumstances may require you to supplement information supporting certification and screening of your employees/staff.