

North Carolina Youth Soccer Association

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www.ncsoccer.org

RISK MANAGEMENT STATEMENT OF APPEAL

Individual Filing Risk Management Appeal (the “Appellant”):

Name: _____

Address: _____

Street/PO Box

City

State

Zip

Phone: _____ Email: _____

Affiliated Soccer Association: _____

Statement of Appeal:

I acknowledge and agree that in the course of my appeal (1) some or all of the information about conduct in which I have engaged or information indicating that I have engaged in conduct addressed by Section 6 of the NCYSA Rules will become available to officers, directors, employees, agents and advisors of NCYSA and to persons testifying at the hearing, (2) the information described in clause (1) may become available to the officers, directors, employees, agents and advisors of the NCSRA or the member association with whom I am associated (or both, if applicable), and (3) the information described in clause (1) will become available to others in attendance at any such hearing. Accordingly, I have no expectation that any such information will remain confidential and not generally available.”

I hereby certify that a true and correct copy of this Statement of Appeal, together with appropriate non-refundable appeals fee in the amount of \$250 (in the form of a cashier’s check or money order), made payable to: North Carolina Youth Soccer Association (NCYSA) has been sent to:

NC Youth Soccer Association – c/o Risk Management – PO Box 18229 – Greensboro, NC 27419

I understand that upon receipt of my Statement of Appeal and fee; the NCYSA Risk Management will notify me as to the procedures for the appeal.

Date: _____

Signature of Appellant: _____

Print Name: _____