

STYSA RISK MANAGEMENT PROGRAM

AGREEMENT OF CONFIDENTIALITY

In accordance with federal and state laws, rules and regulations, I _____ will neither confirm nor deny the existence of any client information or confidential information on a specific individual obtained as a result of my volunteer work or employment with the South Texas Youth Soccer Association (STYSA) or its member associations and/or their clubs to any person not involved in the development and operation of the Risk Management program of the South Texas Youth Soccer Association. I understand that it is unlawful for any person to disclose, or use, any information concerning persons revealing personal information, including social security numbers and drivers license numbers and information contained herein in the STYSA Adult Registration Form, information which may be directly or indirectly derived from these forms.

As a volunteer or employee of STYSA and its members or sub-members, I understand that I will have access to information resources that are confidential in nature. I understand that all information and data processing systems to which I am given access are only to be used for the conduct of activities authorized by the Risk Management Program of STYSA. Furthermore, the use of these resources must be conducted according to the policies, standards, and procedures instituted by STYSA. I understand that unauthorized use of information resources constitutes a violation of State and Federal laws. In addition, I understand that Unlawful disclosure of information obtained as a result of my volunteer work or employment will result in possible Discipline and Protest misconduct action or my immediate dismissal, as well as possible criminal and civil actions being levied against me.

Association Name _____

Club Name _____

Volunteer's Signature _____

Printed Name _____

Date Signed _____