STANDARD OF ETHICAL CONDUCT FOR INDIVIDUALS ASSIGNED RISK MANAGEMENT RESPONSIBILITIES WITHIN USYSA AND AFFILIATES

The purpose of this signed statement is to inform all Risk Management Coordinators (RMC) of the security and confidentially requirements of the information that they will be gathering. It is not meant to reflect negatively on the RMC's performance, nor does it imply that the RMC is suspected of any wrong doing.

As an RMC you have an obligation to safeguard the records entrusted to you and this document is to remind you of the security, confidentiality and ethics requirements for RMC's.

As a Risk Management Coordinator, I will:

* Represent the interests of all people served by this organization, and not favor special interests inside or outside of this organization

* Not use my position as RMC for personal advantage or for the advantage of my friends or associates.

* Keep confidential information confidential.

* Do nothing to violate the trust of those who elected or appointed me to the position of RMC or of those we serve.

* Never exercise authority as an RMC except when acting as I am delegated by the organization that elected or appointed me.

* Ensure that any disclosure made is in fact made only to those individuals having a legitimate need to know in the course of their Official duties.

* Consult with a higher authority, i.e. Association President, State President, State RMC Committee Member, etc., prior to taking any action when in doubt whether such action is in conformance with privacy and confidentiality standards.

* Disclose personal information about an individual only with the written consent or at the written request of the individual to whom it pertains.

The Washington State Youth Soccer Association Risk Management Committee, will maintain a copy of this document. The signature below acknowledges that you were counseled about the security and confidentiality pertaining to your responsibilities as a Risk Management Coordinator and that you were afforded the opportunity to obtain clarification regarding any of the requirements of the position, which you did not fully understand.

_____	_____/_____
Print legal name of RMC	Signature of RMC Date
_____	_____
Address of RMC	Association/Club Name
_____	_____
City – State and Zip Code	Telephone Number of RMC & area code
_____	_____
RMA# and expiration date	E-Mail address

Please mail to WSYSA RM, P O Box 3125, Federal Way, WA 98003-9998