



strathroy-caradoc minor soccer REFEREE APPLICATION

1. APPLICANT INFORMATION

Name _____ Date of Birth _____
Address _____ Residence No. _____
City/Town _____ Postal Code _____ Business No. _____
E-Mail Address _____ Cell No. _____

2. REFEREE QUALIFICATIONS

None

Class 4 Number _____ Date Received _____
 Class 3 Number _____ Date Received _____
 Class 2 Number _____ Date Received _____

3. REFEREEING EXPERIENCE

This is my FIRST EXPERIENCE refereeing youth soccer!

____ New ____ 1 Year ____ 2 Years ____ 3 Years ____ 4 Years ____ 5 Years +
____ Timbit Soccer ____ Mini Soccer ____ Micro Soccer ____ Recreational Soccer ____ Competitive

4. REFEREEING AVAILABILITY

Please check off the days that you are available to referee:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

Please let us know of any dates that you will be unavailable to referee (i.e. vacation): _____

5. RELEASE

I agree to participate and/or allow this child to participate in the activities of the Strathroy-Caradoc Minor Soccer Association. I agree not to hold the SMSA, its Directors or other club volunteers liable for any damages; loss; or injury sustained by this child and/or by me as a consequence of his/her/my participation in; or presence at; any program, games or other activities of the SMSA and I hereby release them from such claims.

I agree to abide by the rules and policies of the SMSA and its governing bodies (WCSA, OSA, CSA, FIFA). I understand that the applicant may be refused or removed from this program for non-attendance or other valid reasons, at the discretion of the Club Head Referee.

I have agreed to the role and position, as outlined above, and have accurately completed this application.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____