

Girard Youth Soccer League Referee Application

2017

Please print and fill out the entire form

Personal Information:

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth (mm/dd/yy) _____

Age as of August 1st _____

Home Phone _____

Cell Phone _____

Email Address _____

Can you send / receive text messages? Yes No

Interested in Refereeing:

___5/6 Coed ___7/8 Boys ___7/8 Girls ___9/11 Boys ___9/11 Girls ___12/15 Coed

Name of any family members registered with GYSL _____

Any scheduling conflicts? _____

Soccer Experience:

Previous Referee Coordinator (if applicable)

Highest Refereeing License Held _____ Year Received

Number of Years Playing Soccer _____ Number of Years Refereeing Soccer _____

Other Experience

T Shirt Size (please circle one) AS AM AL AXL A2X

I do hereby certify that I have not been convicted of a crime, which is punishable by more than two (2) years in jail, nor have I been subject of an indicated case of child abuse or a founded case of child abuse pursuant to the applicable law of the jurisdiction in which I reside and/or wish to referee.

Applicant's Signature

Print Name

Date

I hereby agree that the Girard Youth Soccer League or Soccer Association for Youth (SAY), its members, coaches or officers shall not be liable for any injury or loss which I may sustain while participating in activities of any kind, whether sponsored by or under the supervision of GYSL or SAY and I agree to indemnify and to hold harmless GYSL or SAY, its members, coaches and officers or designates of any kind of claim whatsoever.

Applicant's Signature

Print Name

Date

President Tonya Carpenter
PO Box 36 Girard, Ohio 44420

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