Hamilton Youth Athletics

2016 REFEREE/UMPIRE APPLICATION

Use this form to apply to referee or umpire for Hamilton Youth Athletics 2016 Season.

REFEREE INFORMATION

First Name	Middle Initial	Last Name	Date of Birth	Gender
			/ /	❑ Male ❑ Female

Address	Email Address

City	State	Zip	Have you ever been convicted of a crime of violence, crime against a person or a felony?
			❑ No ❑ Yes, Please explain:_____
Home Phone	**Cell Phone**		

Have you completed concussion training? *(A copy must be on file with HYA prior to first practice)*

❑ No ❑ Yes, Date Completed:_____

Concussion Completion Code:_____

I am interested in officiating for:

❑ Spring Soccer
❑ Fall Soccer
❑ Softball
❑ Baseball

Other Special Information *(Dates or Days of Week not Available, Family members playing for HYA, health issues we should be aware of, etc.)*

Are you a Certified Referee/Umpire?	Have you Officiated for HYA in the past?	Have you Officiated for any other organization?
❑ No ❑ Yes, What organization:_____	❑ No ❑ Yes, Number of Seasons & Divisions:_____	❑ No ❑ Yes, What organization:_____

STATEMENT OF UNDERSTANDING & SIGNATURE

To help protect the league's youth participants and minimize liability to Hamilton Youth Athletics ("HYA"), please select the position you are applying for and read the following conditions that apply to your service as a volunteer and/or referee.

❑ **Paid Referee/Umpire, I wish to be paid for the referee services I am providing to HYA.** I understand that if my application is approved by the HYA Board, I am entering an agreement with HYA as an Independent Contractor. As a Contractor, I will be compensated to provide referee services throughout the 2014 Fall Soccer Season; compensation will range from $15-$20 per game refereed (payment based on division refereeing). I understand HYA is a non-profit organization and therefore, as a Contractor, I am solely responsible for tracking and reporting my compensation and reporting the wages under the Internal Revenue Service regulations. I understand that HYA can choose to terminate the contactor agreement at any time at the HYA board's discretion.

❑ **Volunteer Referee/Umpire, I wish to receive High School Credit Hours for the referee services I am providing to HYA.** I understand that if my application is approved by the HYA Board, I donate my time, effort, and services to HYA and understand that I will receive no compensation in return. As a volunteer, it is my responsibility to track the number of hours I volunteer and provide HYA with the required form to certify my hours.

The following conditions apply to Paid Referees and/or Volunteers:

1. I recognize I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services for HYA. Despite this risk of injury and lack of workers compensation or other medical insurance coverage from the league, I knowingly and voluntarily waive any and all claims, actions, or causes of action against the HYA. Recognizing the possibility of physical injury associated with soccer and in consideration for HYA accepting me under the position for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify HYA, its board members, affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and/or all claims as a result of volunteering in the Programs.
2. I recognize as a referee, that photographs are taken during league activities. I grant HYA the right to take photographs during the season. I agree that HYA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I also grant permission to HYA to publish these photographs to their Facebook, Twitter, Instagram, or any other social media that is identified on their website.

Acknowledgement

As a condition of my services, I acknowledge that I have never been convicted, suspected, nor am I under current investigation for any criminal activities relating to sex offenses, kidnapping, or child abuse. I understand that I am subject to a background check and provide HYA the permission to conduct the check. This check may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the HYA, the board officers, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HYA is not obligated to appoint me to for any position. I understand that I can be removed from any position by the HYA board officials at any time for violation of the leagues policies, code of conduct, principles or performance.

Printed Name	Signature	Date

Required if Referee/Umpire is Minor:

Parent Printed Name	Parent Signature	Date

FOR HYA ADMINISTRATIVE OFFICE PURPOSES ONLY

Background Check Date	Concussion Training	Received By
	Date :_____ Completion Code:_____	