

FLAG FOOTBALL REFEREE APPLICATION

APPLICAN	T'S NAME:				
ADDRESS:				CITY:	
DOB:	GEI	NDER:	CELL PH #:		
EMAIL ADDRESS:			SHIRT SIZE:		
(Approximation)		ost all on week n	ights at either 6pm or 7	week in June through the last week in 'pm. We also have one Saturday	
	Are there any days do	uring this time fr	ame that you know you	cannot be available (please list all):	
(initials)	pictures and/or video posts. My initials ind I understand that I w	o for use in a City icate approval for ill not receive co	publication, for educator use of such photogrampensation for the use	creation sponsored activities to take cional purposes or for social media phy/video in which I may appear. of the pictures/video.	
		MEDICAL &	EMERGENCY CONTAC	т:	
Emergency Contact Person:				Cell Ph #:	
Your Doctor:				Dr. Ph #:	
I give perm gency or in			EDICAL RELEASE entatives, to provide medi	cal treatment to me in case of an emer-	
	d that as a referee I am p gibility as a participant.	participating with	the League at my own dis	cretion and consent to a live scan to deter-	
				 Date	