

YOUTH SOCCER REFEREE APPLICATION

APPLICANT'S NAME: _____

ADDRESS: _____ CITY: _____

DOB: _____ GENDER: _____ CELL PH #: _____

EMAIL ADDRESS: _____ SHIRT SIZE: _____



SOCCER SEASON: Our season will run from mid-September through the end of October. Games will be on Tuesday & Wednesday nights, as well as Saturday mornings. (maybe more days)

Are there any days during this time frame that you know you cannot be available (please list all):



(initials)

I understand that the City of Woodlake may visit Parks & Recreation sponsored activities to take pictures and/or video for use in a City publication, for educational purposes or for social media posts. My initials indicate approval for use of such photography/video in which I may appear. I understand that I will not receive compensation for the use of the pictures/video.

MEDICAL & EMERGENCY CONTACT:

Emergency Contact Person: _____ Cell Ph #: _____

Your Doctor: _____ Dr. Ph #: _____

MEDICAL RELEASE

I give permission to the League, its officers, or representatives, to provide medical treatment to me in case of an emergency or injury.

I understand that as a referee I am participating with the League at my own discretion and consent to a live scan to determine my eligibility as a participant.

Signature of Applicant

Date