

EEYS REFEREE INFORMATION FORM

Please Print Clearly, Complete All Sections, Ensure Parental Signature

≈ APPLICANT SECTION ≈

First Name: _____ Last Name: _____ DOB: ____/____/____
yyyy mm dd

Phone (Home.): () _____ Alternate # (e.g., cell phone): _____

Address: _____ Postal Code: _____

Email Address: _____

Are there members of your immediate family (brothers or sisters) playing in the EEYS House League and if yes, what is their name and date of birth?

NAME #1: _____ D.O.B. ____/____/____
yyyy mm dd

NAME #2: _____ D.O.B. ____/____/____
yyyy mm dd

What is the oldest age division you feel that you feel comfortable refereeing (check one).

Mini Fields: U5 (Wed) U7(Thurs) **Half Fields:** U9(Tues) U11(Mon)

Full Fields: U13(Thurs) U15(Mon) U18(Wed)

Are you available on short notice (check one)? Yes No

Day(s) of week **NOT** available: _____ Dates **NOT** available: _____

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≈ PARENTAL CONSENT SECTION ≈

I, _____, do hereby declare that I am the parent, legal
(please print)

custodian or guardian of the above named minor child between the ages of twelve and eighteen years of age. As the parent, legal custodian or guardian of the said minor child, I hereby grant my consent for said minor to perform the duties of a soccer referee or assistant referee for East Elgin Soccer Inc. Such consent is given for any league or tournament soccer matches which, in the opinion of the local Referee Coordinator or his/her designate, said minor is qualified to perform the duties of a referee or assistant referee.

(Signature of parent, legal custodian or guardian) Date: _____