**SAY Referee Application**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female** **Age & DOB\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Preferred method of communication: CALL TEXT EMAIL

**Interested in Refereeing:**

Pre-school (U-6) Passer (U-8) Wings (U-10) Strikers (U-12)

**Soccer Experience: (**Please check all divisions you have played in)

Pre-school (U-6) Passer (U-8) Wings (U-10) Strikers (U-12) Jr. High High School College Traveling Team Indoor (Dome) Team

Have you refereed in the past? YES NO

If so, for what league and for how many years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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Applicant’s Signature Print Name Date

I hereby agree that the 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 SAY and I agree to indemnify and to hold harmless SAY, its members, coaches and officers or designates of any kind of claim whatsoever.

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Applicant’s Signature Date All Applications will be reviewed by BRY Soccer Board of Directors.