Please print and fill out the entire form	
Personal Information: Last Name	First Name
Address	City State Zip
Date of Birth (mm/dd/yy)	Age as of August 1 <sup>st</sup>
Home Phone	Cell Phone
Email Address	Can you send / receive text messages? Yes No
Interested in Refereeing: 5/6 Coed7/8 Boys7/8 Girls9/10 Boys9/10 Girls11/15 Coed Name of any family members registered with GYSL	
Any scheduling conflicts?	
Soccer Experience:	
Previous Referee Coordinator (if applicable)	
Highest Refereeing License Held	Year Received
Number of Years Playing Soccer	Number of Years Refereeing Soccer
Other Experience	
T Shirt Size (please circle one) AS AM AL AXI	_ A2X
I do hereby certify that I have not been convicted of a years in jail, nor have I been subject of an indicated of pursuant to the applicable law of the jurisdiction in whether the subject of the subjec	case of child abuse or a founded case of child abuse
Applicant's Signature Print Name	Date

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

Applicant's Signature

Print Name

Date