



# Northwest Clermont County S.A.Y.

P.O. Box 67, Milford, OH 45150-0067  
513-831-9931, Option 3  
www.nwccsay.com or www.milfordsoccer.com  
Email: contact@nwccsay.com



## Referee Registration

**NOTE: Please print neatly in BLOCK CAPITAL LETTERS**

Referee's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_  
Last Name First Name MI Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ OH Zip \_\_\_\_\_

Phone: (513) \_\_\_\_\_ - \_\_\_\_\_ (513) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_  
Home Cell (To be used only for NWCCSAY Referee communications)

Circle Season applying for: Fall Spring \_\_\_\_\_ School attended (if student): \_\_\_\_\_  
Year

### AVAILABILITY / PREFERENCES

Are you available to officiate:

Saturday Games before 1PM? Yes \_\_\_ No \_\_\_ Saturday Games after 1PM? Yes \_\_\_ No \_\_\_  
Week night Games after 5PM? Yes \_\_\_ No \_\_\_  
Sunday Games after 1PM? Yes \_\_\_ No \_\_\_  
Sunday Games before 1PM? Yes \_\_\_ No \_\_\_ (usually limited to Tournament games)

Circle Game levels you would prefer **NOT** to officiate: U4F U5F U6F U8F U10F U12F U14F U16F U19F  
U4M U5M U6M U8M U10M U12M U14M U16M U19M

Circle Game levels you would prefer to officiate: U4F U5F U6F U8F U10F U12F U14F U16F U19F  
U4M U5M U6M U8M U10M U12M U14M U16M U19M

### EXPERIENCE

Circle **SAY** Game levels you have officiated: U4F U5F U6F U8F U10F U12F U14F U16F U19F  
U4M U5M U6M U8M U10M U12M U14M U16M U19M

Circle **USSF** Game levels you have officiated: U8F U9F U10F U11F U12F U13F U14F U15F U16F U17F U18F  
U8M U9M U10M U11M U12M U13M U14M U15M U16M U17M U18M

Circle Current USSF Referee Grade: 6 7 8 A/R USSF License Number: \_\_\_\_\_

Circle High School Game levels you have officiated: Varsity: M F Freshman: M F Reserve: M F

### EMERGENCY CONTACTS

Doctor: \_\_\_\_\_ (513) \_\_\_\_\_  
Name Phone

Dentist: \_\_\_\_\_ (513) \_\_\_\_\_  
Name Phone

Parent / Spouse: \_\_\_\_\_ (513) \_\_\_\_\_ (513) \_\_\_\_\_ (513) \_\_\_\_\_  
Name Home Phone Work Phone Cell Phone

**NOTE: NWCCSAY schedules games for which referees may apply. Referees are assigned to games as needed based upon their qualifications. Referee fees are paid directly by the coaches/teams to the referees. It is the responsibility of each referee to track his/her income received, and report any taxable income earned as may be appropriate.**

**PARENTAL CONSENT:** (Required for referees under the age of 18)

**I hereby give permission for my child to be trained as and to serve as a SAY referee.**

**I agree that I will assist my child in honoring their commitment.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please complete **both** sides of form)

**Membership, Waiver and Indemnity Agreement – Limited Power of Attorney for Health Care**

I the undersigned, for myself and my child (if the referee is under the age of 18), as a condition of, and in consideration of, membership in the Greater Milford Athletic Association (GMAA) and the North West Clermont County Soccer Association for Youth (NWCCSAY) soccer program hereby agree to abide by the rules and regulations of NWCCSAY and any other organization with which it is associated. I understand and agree that if I (or my child) fail to abide by such rules and regulations, that the NWCCSAY and / or GMAA Board of Trustees may review my (or my child's) actions and may revoke my (or my child's) membership or take other disciplinary action in accordance with the applicable Codes of Conduct. I further agree to pay such membership dues and fees as may be assessed by NWCCSAY / GMAA in order to remain a member in good standing and to return, upon request, any and all uniforms and/or equipment provided to me or my child while participating in the program and that if such uniforms(s) and/or equipment is (or are) not returned in the same condition in which it was received, excepting reasonable wear and tear, to pay NWCCSAY / GMAA the replacement cost of such uniforms(s) and/or equipment.

I understand that in consideration of my / our membership in the NWCCSAY, I am entitled to participate in NWCCSAY sponsored activities; and that I am entitled to vote at the Annual Membership meeting and to hold office in the organization.

Except as listed below, I hereby certify that I am (or my child is) fit and able to participate in the activities of the NWCCSAY as a Referee. I understand that if I am requested to furnish a physician's statement of fitness for said activities and fail to do so within the time allowed that all activities for me / my child will be suspended until such statement is provided.

With this understanding, I declare that to the best of my knowledge, I/my child have/has no conditions which would limit my / or my child's ability to participate in the activities of the organization except as follows:

\_\_\_\_\_  
(Indicate "None" if no medical conditions exist)

**HOLD HARMLESS AGREEMENT AND LIMITED POWER OF ATTORNEY FOR HEALTH CARE**

In consideration of \_\_\_\_\_ (Name of Referee) being permitted to participate in the activities of NWCCSAY, I, \_\_\_\_\_ (Referee's Name if over 18 yrs old, otherwise use Parent/Guardian's Name) certify that the information provided above is true and accurate to that best of my knowledge, and agree that any information not provided above will be provided within 10 days of the date shown below.

I further certify that I understand that participating in soccer and the training and activities related thereto as in any other sport entails certain risks, including but not limited to severe, permanent physical injury including but not limited to bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussions, brain damage, nerve and spinal cord injury, paralysis, disease, and / or death.

I agree to fully indemnify and hold harmless and covenant not to sue Soccer Association for Youth (SAY), NWCCSAY, GMAA, their members, coaches, managers, trainers, assistants, agents, servants, heirs, executors, employees, designates, administrators and assigns, and all other persons, firms, and corporations from any and all claims, demands, causes of action, of any kind or nature, which may arise, directly or indirectly, as a result of my or my child's participation in or attendance at the activities of NWCCSAY and / or the transportation of me or my child to or from such activities; specifically including but not limited to injury to me, my spouse, my child and other children, my and their guest(s) and invitees; and for damage to or destruction of my, their and our property, and my and/or our membership in SAY/NWCCSAY/GMAA.

In the event that I am not present at the time of any injury, illness, or accident which shall involve my child, or that I am unable to make decisions on my / their behalf, I hereby authorize and direct an adult representative of NWCCSAY to obtain any and all necessary emergency medical treatment, services, and medication, including but not limited to emergency transportation, treatment, medication, surgery, or any other means necessary to protect my life and health or that of my child as named herein, and grant to them my power of attorney to secure such treatment and to execute such documents as shall be necessary, at their sole discretion, to protect and preserve my life, health, and safety or that of my child. This limited power of attorney shall not expire until I (or the emergency contact listed herein) can be contacted and can make such decisions, at which time the authority granted by this document shall expire with respect to such injury, illness, or accident.

I further agree that I shall be financially responsible for all costs associated with medical treatment received as a result of the authority granted herein. I consent and direct that a copy of this document shall be as valid as the original for all purposes.

IN WITNESS WHEREOF, I have hereunto set my hand at \_\_\_\_\_, Ohio this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**X**

**Signature** of referee (or Parent/Guardian for referees under the age of 18) REQUIRED

STATE OF OHIO, COUNTY OF \_\_\_\_\_

Sworn to before me and acknowledged or subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Ohio