

MYSA FALL 2008 REFEREE SIGN UP FORM

Name _____

Address _____

Home Phone _____ Cell Phone _____

E-mail address _____

Date of Birth _____ Grade(In Fall 2008) _____

Soccer Experience: Please list any playing experience you have had. Include the number of years played, teams, including your current team, etc.

Referee Experience: Please list any experience you have had as a referee. Include the number of years you have refereed, for whom, and if you have had any formal training.

Please **circle** the *dates* and *times* you are available. Expect to ref all three games on your assigned field. Please keep this in mind while circling your availability.

9-13-08	9 a.m.	10:15 a.m.	11:30 a.m.
9-20-08	9 a.m.	10:15 a.m.	11:30 a.m.
9-27-08	9 a.m.	10:15 a.m.	11:30 a.m.
10-4-08	9 a.m.	10:15 a.m.	11:30 a.m.
10-11-08	9 a.m.	10:15 a.m.	11:30 a.m.
10-18-08	9 a.m.	10:15 a.m.	11:30 a.m.
10-25-08	9 a.m.	10:15 a.m.	11:30 a.m.

Please return the completed form by **August 16**. Mail it to:

MYSA, Attn: Ref Coordinator, P.O. Box 489, Maumee, OH 43537

A mandatory referee meeting will be held on August 27 at 7 p.m. at the Maumee Public Library.

PERMISSION FORM

I, _____, grant my son/daughter _____,
PRINT PARENT NAME PRINT MINOR'S NAME

permission to work as a referee for the Maumee Youth Soccer Association, hereinafter referred to as MYSA. I fully understand the responsibilities and obligations associated with this job. I fully understand the risks associated with refereeing soccer are like the risks associated with playing soccer. Knowing the risks and liabilities, I agree to hold harmless the Maumee Youth Soccer Association, its officers, directors and their assigned delegates for any and all injuries resulting from refereeing MYSA sanctioned soccer games.

Furthermore, I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release discharge and otherwise indemnify the USYSA, Its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and or being transported to or from the same, which transportation I hereby authorize.

Name _____
Parent/Legal Guardian

Signature _____ Date ____ / ____ / ____

CONSENT FOR MEDICAL TREATMENT

As a parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a dully licensed Doctor of medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature _____ Date ____ / ____ / ____

Address _____

City _____ State _____ Zip Code _____

Phone _____
Home Business