

# Redding Youth Soccer League 2005 Referee Registration Form

Please complete all requested information if you wish to be scheduled as a referee for the Redding Youth Soccer League and/or tournament games. Experienced as well as new referees MUST complete this form. The requested information is: 1) legally required for identification and government reporting and 2) necessary to contact you and assign games appropriately. The information submitted will be confidential and used only by the assignor.

\_\_\_\_\_  
Last Name                      First Name                      Social Security number (all ages)

\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone

\_\_\_\_\_  
Street Address                      City,                      State                      Zip

\_\_\_\_\_  
Referee Grade                      Date last certified DOB (if under 14)                      Number of years experience as referee

## **Age Related Issues if below the age of 18**

If you are under the age of 18, a parent or guardian needs to provide information, agree to your employment as an independent contractor, and agree they are primarily responsible for your safety and supervision to and from games.

\_\_\_\_\_  
Parent or Guardian Name                      Parent/Guardian Phone                      Parent/Guardian Email Address

\_\_\_\_\_  
Street Address                      City                      State                      Zip

\_\_\_\_\_  
Parent/Guardian Phone                      Parent/Guardian Email Address

As a parent/guardian, I have read the age-related conditions above. I give my child permission to referee as an independent contractor for RYSL. I will be responsible for my child's safety and supervision before and after the games that they referee.

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

By submitting this form you are applying to be an independent contractor (not an employee) to referee soccer games as assigned by the Redding Youth Soccer League, and acknowledge that you as an independent contractor are not provided fringe benefits, workers' compensation coverage, health insurance, liability, or any other employee benefits. I further declare that the above information submitted is true and correct and agree to the age-related conditions as listed above.

\_\_\_\_\_  
Referee Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature (if under age 18)                      Date

Mail completed paperwork by \_\_\_\_\_ to the address listed below: