



WHITCHURCH-STOUFFVILLE SOCCER CLUB 2018 REFEREE APPLICATION FORM

*** APPLICANTS MUST BE 14 YEARS OLD AS OF MARCH 31, 2018 ***

Name		Birth Date		Day / Month / Year			
Street Address		City/Town		Postal Code			
Home Phone Number							
Cell Phone Number		E-mail Address					
Current Referee Certification:							
<input type="checkbox"/> None							
<input type="checkbox"/> Entry Lev OSA Referee # _____ Date received _____							
<input type="checkbox"/> Class 3 OSA Referee # _____ Date received _____							
<input type="checkbox"/> Class 2 OSA Referee # _____ Date received _____							
<input type="checkbox"/> Class 1 OSA Referee # _____ Date received _____							
Uniform Size – circle one (complete only if taking the Entry Level course)							
Youth Medium		Youth Large	Adult Small	Adult Medium	Adult Large		Adult Extra Large
Release							
I agree to participate and/or allow this child to participate in the activities of the Whitchurch Stouffville Soccer Club. I agree not to hold the Whitchurch Stouffville Soccer Club, its Directors or other club volunteers liable for any damages; loss; or injury sustained by this child and/or by me as a consequence of his/her/my participation in; or presence at; any program, games or other activities of the Whitchurch Stouffville Soccer Club and I hereby release them from such claims.							
I agree to abide by the rules and policies of the Whitchurch Stouffville Soccer Club and its governing bodies (YRSA, OSA, CSA, FIFA). I understand that the applicant may be refused or removed from this program for non-attendance or other valid reasons, at the discretion of the Club.							
I specifically grant permission to the Whitchurch Stouffville Soccer Club to use my/my child's likeness, voice and words in television, radio, film, newsletter, magazine and other media; and, in any form not heretofore described, for the purpose of advertising or communicating activities of the Whitchurch Stouffville Soccer Club.							
_____ Signature – Parent / Guardian or Applicant – age 18 or over				_____ Date			

Email form to admin@stouffvillesoccer.org

OR

Drop off at Club office drop box @ SoccerCity 45 Innovator Ave Stouffville