

**Referee Application
For Crawford County Youth Soccer Association
2010**

Instructions:

- Complete the information in the form below
- Anyone 12 years old (by Dec. 21, 2010) or older may apply
- Mail this application to: CCYSA Referee Coordinator,
PO Box 641 Meadville, Pa 16335
- Application must be postmarked before midnight April 11, 2010
- **Note: incomplete applications will not be considered!**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ **Email Address:** _____

******Please note all correspondence from the referee coordinator is done via email!!******

Emergency Name & Contact Number: _____

Current Certified Referee? Yes _____ Certified or Recert Date: _____ Ref Level: _____

****Please attach a photo copy of your ref certification for verification.****

No _____ (a certified ref has completed an actual course and passed a test.)

How many prior years experience do you have as a referee for C.C.Y.S.A.? _____

Will you be playing in the CCYSA league this year? If yes, please list flight, days and time you will be playing: _____

Please check which nights and times you are **ABLE** to ref:

Monday 5:45pm –approx. 7pm _____ 7:00pm–approx. 8:15pm _____

Wednesday 5:45pm –approx. 7pm _____ 7:00pm–approx. 8:15pm _____

Tuesday 5:45pm –approx. 7pm _____ 7:00pm–approx. 8:15pm _____

Thursday 5:45pm –approx. 7pm _____ 7:00pm–approx. 8:15pm _____

Please list any specific days, times you **CANNOT** ref due to vacation, work, etc.

Do you want to be on the substitute list in case of a call off? Yes _____ No _____

I understand that if I am chosen to be a referee:

1. That all refs must attend a mandatory Referee Clinic, which I will be notified about. (Certified refs will attend a shorter referee clinic that goes over specific CCYSA rules.)
2. Any call offs are to be made to the Referee Coordinator no later than 4:00pm on the day I am scheduled to referee.
3. That if I do not show/do not call off/call off with an unexcused absence when I am assigned to referee that; that if I do not check in at the blue building 10 minutes prior to the start of the game; that if I do not check all goal posts and nets to make sure they are secure and not damaged prior to the start of each game; that if I do not check each player to ensure proper soccer attire is being worn and make sure that players are not wearing jewelry or barrettes that the following will occur:
 - a. The first time will be a verbal warning,
 - b. The second time will be a written warning
 - c. After the third time, I will no longer be able to referee during the 2010 CCYSA season.

I acknowledge that I have read the referee expectations and understand them. I acknowledge that to the best of my knowledge, the information that I supply is accurate and up-to-date. Intentionally falsifying any piece(s) of information will immediately terminate my entire application and candidacy at any point during the process or terminate my position during the soccer season. I understand that all communication to me will be done via email.

Applicant's Signature

Date

Parent or Guardian Signature
(If applicant is under age 18)

Date

Send this form to: (Application deadline: postmarked by April 10, 2010)

**CCYSA Referee Coordinator
PO Box 641
Meadville, Pa 16335**

All applicants will be notified of the Board of Directors decision regarding their application no later than May 10, 2010 by email.