

**REFEREE APPLICATION**  
**Crawford County Youth Soccer Association**  
**2008**

Instructions:

- Complete Application (*Must be 12 years old by 12/31/08*)
- Mail application to: CCYSA,  
Attn: Referee Coordinator      **OR**  
P.O. Box 641  
Meadville, PA 16335
- Submit Application in person:  
During open enrollment  
registrations on 2/08/08,  
2/09/08 or 4/12/08
- Application must be postmarked by April 12, 2008
- ***Incomplete applications will not be considered.***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*\*Please note that ALL communication regarding refereeing is done via email!\*\***

Emergency Name and Contact #: \_\_\_\_\_

Certified Referee? Yes \_\_\_ Year Certified or Recert. Date: \_\_\_\_\_ Ref Level: \_\_\_\_\_  
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 CCYSA? \_\_\_\_\_

Will you be playing CCYSA soccer this year? If yes, please list flight, days and time:

\_\_\_\_\_

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

Monday      5:45 – approx. 7:00pm \_\_\_\_\_      7:00pm - approx 8:15pm \_\_\_\_\_

Wednesday 5:45 – approx. 7:00pm \_\_\_\_\_      7:00pm - approx 8:15pm \_\_\_\_\_

Tuesday      5:45 – approx. 7:00pm \_\_\_\_\_      7:00pm - approx 8:15pm \_\_\_\_\_

Thursday      5:45 – approx. 7:00pm \_\_\_\_\_      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. All refs must attend a mandatory Referee Clinic. I will be notified when Clinics will be available. (Certified refs will attend a shorter Referee Clinic that goes over specific CCYSA rules.)
2. Any call offs must be made to the Referee Coordinator no later than 4:00 p.m. on the day that I am scheduled to ref.
3. This opportunity is employment. If I do not show / do not call off / call off with an unexcused absence when I am assigned to referee, or perform all duties\*\* – the following discipline will be implemented:
  - a. First offense – verbal warning
  - b. Second offense – written warning
  - c. Third offense – removal from schedule for remainder of 2008 season.

(\*\*Duties include: completing game sheets, checking all goal posts and nets to make sure they are secure and not damaged prior to the start of a game; checking each player for proper soccer attire – and that no jewelry or barrettes are being worn).

I acknowledge that I have read and understand the above referee guidelines. I acknowledge that to the best of my knowledge, the information that I supply is accurate and up-to-date. Intentionally falsifying any information on this application will forfeit my application for consideration, and/or termination as a referee for CCYSA. I further understand that all communication will be done via email.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature if Applicant  
Is under 18 years of age

\_\_\_\_\_  
Date

*All applicants will be notified of the CCYSA Board of Directors decision regarding their application by May 17, 2008.*