



Beach Cities Soccer Referee Association

Membership Application

(Please Print)

Name _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Home Phone: _____ Cell: _____

Birth Date(mm-dd-yyyy) _____

Present USSF Referee Grade: _____ USSF ID# _____ No. of Years _____

Specialize Training: Beach: Certified _____ Trained _____ Futsal: Certified _____ Trained _____

OTHER [AYSO,High School, etc.]: Level of Play _____ No. of Years _____

I will Accept Assignment for (check all that apply)

| | | |
|-------------------------|--------------|----------------------------|
| Adult: Men | Women | Co-ed |
| Youth Games: U8 and U10 | U11 thru U14 | U15 & UP |
| Beach Soccer | Futsal | Volunteer Games [non paid] |

Have you been convicted of a felony, crime of violence, any crime against an individual, or fraud?
 Yes _____ No _____ **Application rejected if left blank**
 If Yes please explain: _____

Applicants 18 years of age and older: Are you willing to submit to a Live Scan (finger printing) which is a risk management requirement for officiating youth soccer?
 Yes _____ No _____

Submission Date: _____ Dues: Paid: Cash \$ _____ Check# _____

- By signing and submitting this application, I agree to the following:
1. I am responsible for obtaining my own insurance for injuries and liability claims against me in connection with any games which I may officiate and I agree to hold Beach Cities Soccer Referee Association harmless of any such injuries or claims.
 2. In order to eligible for games assignment, I agree to meet the minimum standards of physical fitness and knowledge of the Laws of the Games as established by the Association.
 3. I agree to abide by all USSF Referee Code of Ethics and this Association Constitution and By-Laws.
 4. I include a check/cash for \$50.00 adult or \$21 include a check/cash for \$50.00 adult or \$25.00 under 18 years old with this application to cover the annual Dues from January 1 to December 31. Volunteer officials are waived. Monies can also be deducted from tournaments payments.

Check here for dues withholding _____

Signature _____ Date _____

Parent/Guardian Signature [if under 18] _____ Date _____

MEMBERSHIP APPLICATION Accepted _____ Rejected _____

| | |
|----------------------|------------|
| PRESIDENT _____ | DATE _____ |
| VICE PRESIDENT _____ | DATE _____ |
| TREASURER _____ | DATE _____ |
| SECRETARY _____ | DATE _____ |
| RECRUITMENT _____ | DATE _____ |
| INSTRUCTOR _____ | DATE _____ |