



Southend Recreational Soccer – Referee Application Form and Waiver

456 Southdale Road, 2nd Floor
London, ON N6E 1A3
referee@southendsoccer.ca

All Referees are now required to make application to become a referee for Southend Recreational Soccer. As such, we will be selecting our personnel based on several factors and will notify them in writing. All referees will receive advanced training on the job, performance assessments, regular monthly paycheques and insurance coverage through the Western Counties Soccer Association from injury and liability.

In order to apply, all prospective applicants must meet the following criteria:

- Be at least 12 years of age as of January 1st of the current year;
- Have a working understanding of the game of soccer;
- Commit to being available an average of at least 2 days per week for scheduling purposes;
- Submit to Southend's Code of Conduct and Ethics;
- Commit to and attend training sessions as required;
- Be in such fitness as to be able to keep up with the physical requirements of the job;
- Preference will be given to current Southend players.

To apply, please complete the following application form and bring it with you to the Southend Office. Applications will be accepted in person only February 13, 15, 20 and 22 at the Southend Office, between the hours of 6 and 9pm.

Only those selected for an interview will be asked to return at a future date. If selected for training, we will be in contact to schedule the training. The options will be either 2 evenings during the week or one Saturday, and class sizes will be limited to a set size.

During the season, we will schedule paycheque pick-up dates and will correspond them with a 1 hour education session to continue to develop our Referees. Southend is the only club in all of Western Counties that does in-season development strategies with our Referees. Therefore, we expect our Referees to commit to this role as their occupation as we are investing in their success throughout the season.

Sincerely,

Dave Humphrey
President and Referee Convenor
Southend Recreational Soccer

PART A – BASIC INFORMATION

Last Name: _____ Given Name(s): _____

E-mail: _____ Primary Phone: (____) ____ - _____

Gender: M F DOB: ____/____/____ (DD/MM/YYYY) Shirt Size: YL YXL S M L XL

Address: _____ Postal Code: _____

PART B – REFEREE HISTORY

Have you ever been a soccer referee before? Y N If yes, please specify years of experience: _____

Have you ever taken a Soccer Referee Course? Y N If yes, when? ____/____/____ (DD/MM/YYYY)

Are you currently enrolled as a player with Southend Recreational Soccer? Y N If yes, what age group? U____

Have you, or do you currently play soccer? Y N If yes, how many years have you played? _____

Please provide any soccer related accomplishments you have received.

PART C – AVAILABILITY

Please specify which days of the week you will be available to complete any required training sessions. Please note that weekday sessions will be between 6:30pm and 9pm, and trainees will be required to attend at least 2 sessions to certify.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please specify if there will be any periods of time between May 1 and August 31 that you will unavailable for assignments. Items such as exams, vacations and game/practice dates should be noted here.

PART D – WAIVER OF LIABILITY

Description of Risks:

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards of soccer include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dry land training including weights, running, and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes;
- Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces;
- Injuries from collisions with walls and soccer equipment;
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- Spinal cord injuries which may render me permanently paralyzed;

- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles;
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts;
- Injuries from exerting and stretching various muscle groups; and
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in soccer can be severe;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

Release of Liability:

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgment:

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Signed at London on this, the _____ day of _____, _____
(month) (year)

PRINT NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

IF APPLICANT IS UNDER THE AGE OF 18 YEARS OLD AS OF THE DATE OF SIGNING:

NAME OF PARENT/GUARDIAN OF APPLICANT: _____

SIGNATURE OF PARENT/GUARDIAN: _____