

# Soccer South Bay Referee Association

P. O. Box 10466, Torrance, CA 90505

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

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

Telephone Nos.: Evening \_\_\_\_\_ Cell \_\_\_\_\_ Day \_\_\_\_\_ Age \_\_\_\_\_

I was referred to SSBRA by \_\_\_\_\_

I want to join SSBRA because \_\_\_\_\_

### REFEREE AFFILIATIONS

USSF grade \_\_\_\_\_ (provide copy of current registration card). AYSO grade \_\_\_\_\_

High School (SCSOA or equiv.) \_\_\_\_\_ College (NISOA or equiv.) \_\_\_\_\_

### REFEREEING EXPERIENCE

Number of years you have been officiating \_\_\_\_\_

Number of games refereed in last 12 months \_\_\_\_\_

At what level are you comfortable officiating? \_\_\_\_\_

**Games over entire career:** Youth Under 16 \_\_\_\_\_

Youth 16 & Over \_\_\_\_\_

Adult \_\_\_\_\_

**TOTAL IN CAREER =** \_\_\_\_\_

### In 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 this Association harmless for any such injuries or claims.
2. In order to be eligible for game assignments, I agree to meet the minimum standards of physical fitness and knowledge of the Laws of the Game as established by the Association.
3. I am 14 years of age or older.
4. I agree to abide by all the bylaws of the Association.
5. I include a check for \$85.00\* with this application to cover the Association's annual dues.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**If under 18 years of age,**

**Signature of parent or guardian:** \_\_\_\_\_

\*First time SSBRA members will be refunded \$25.00 following completion of the SSBRA new member clinic.