

SOCCER REFEREE SIGN UP

(Must be in 7TH grade or higher to ref soccer)

Student's Name _____ Grade in Fall _____

Address _____ Phone _____

Please check the days you are available to referee games: (take into consideration fall sports, band, & other activities)

___ Tuesday ___ Thursday ___ Saturday

Indicate the number of games you would like to ref per week:

_____ 1 per week _____ 2 per week _____ As many as possible

I, the parent/guardian of the above student, give permission for his/her participation in any and all program activities. I assume all risks and hazards incidental to such participation including transportation to and from activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local organizers, sponsors, participants, and persons transporting my son/daughter, whether the result of negligence or for any other cause. The Village of Coldwater does not provide insurance for such matters.

Signature of Parent/Guardian (REQUIRED)

Date

You will be notified in the fall of your ref schedule and equipment. Please direct any questions to: Tim & Therese Brunet @ 419-678-8493.

Please send this form to Coldwater Village Offices or the School.