



Markham Soccer Club

SPRING 2009

Class 4 Referee Training Application



Form must be submitted by January 23rd, 2009
You must be 14 by Apr 1, 2009 to be eligible for this course.

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| <p>FEES Registration: \$60.00 (Course Costs) The program includes instruction provided by the Markham Soccer Club. In order to become certified as a referee, the applicant will have to take and pass a level 4 referee training session that will be offered March 7/8th weekend.</p> | <p>TERMS The Club reserves the right to employ a selection process if there are more applicants than the program can accommodate. For this Application to be accepted for further processing, it must be properly signed. A copy of the birth certificate must be provided for anyone new to the club.</p> | <p>Applicants who are accepted will be registered with the Ontario Soccer Association for the 2009-2010 season in order to provide them with insurance for their participation in this training program.</p> |
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| APPLICANT INFORMATION | PLEASE PRINT | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="text"/></td> <td style="width: 33%;"><input type="text"/></td> <td style="width: 33%;"><input type="text"/></td> </tr> <tr> <td>First Name</td> <td>Last Name</td> <td>Gender (M / F)</td> </tr> </table> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | First Name | Last Name | Gender (M / F) | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | Last Name | Gender (M / F) | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="text"/></td> <td style="width: 33%;"><input type="text"/></td> <td style="width: 33%;"><input type="text"/></td> </tr> <tr> <td>Home Phone</td> <td>Business Phone ext</td> <td>Cell Phone</td> </tr> </table> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | Home Phone | Business Phone ext | Cell Phone | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone | Business Phone ext | Cell Phone | | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 100%;" type="text"/> Street Address (Apt #) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> </tr> <tr> <td>Town / City</td> <td>Postal Code</td> <td colspan="5">Birth Date</td> </tr> <tr> <td colspan="2"></td> <td>d</td> <td>d</td> <td>m</td> <td>m</td> <td>y</td> <td>y</td> <td>y</td> <td>y</td> </tr> </table> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Town / City | Postal Code | Birth Date | | | | | | | d | d | m | m | y | y | y | y |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| Town / City | Postal Code | Birth Date | | | | | | | | | | | | | | | | | | | | | | | |
| | | d | d | m | m | y | y | y | y | | | | | | | | | | | | | | | | |
| <input style="width: 100%;" type="text"/> e-mail address where you can be reached | | | | | | | | | | | | | | | | | | | | | | | | | |
| In case of emergency, contact: _____ Phone _____ | | | | | | | | | | | | | | | | | | | | | | | | | |

VOLUNTEER INFORMATION

As a volunteer organization, we can use your help. Please put an X in the box and fill in your name below if you are able to help with our referee program or in some other capacity. Experience is not mandatory.

Volunteer Name(s): _____

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| <p>Release</p> <p>I agree to participate and/or allow this child to participate in the activities of the Markham Soccer Club. I agree not to hold the Markham Soccer Club, its Directors or other club volunteers liable for any damages; loss; or injury sustained by this child and/or by me as a consequence of his/her/my participation in; or presence at: any programs, games or other activities of the Markham Soccer Club and I hereby release them from such claims.</p> <p>I agree to abide by the rules and policies of the Markham Soccer Club and its governing bodies (YRSA, OSA, CSA, FIFA). I understand that the applicant may be refused or removed from this program for non-attendance or other valid reasons, at the discretion of the Club.</p> | <p>I specifically grant permission to the Markham Soccer Club to use my/my child's likeness, voice and words in television, radio, film, newsletters, magazines, and other media; and, in any form not heretofore described, for the purpose of advertising or communicating activities of the Markham Soccer Club.</p> |
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I have read and understood; and, I accept all of the terms and conditions that are stipulated in this registration document.

Signature - Parent / guardian
or applicant - age 18 or over

Date

Please mail or deliver forms to:

Mailing Address: P.O. Box 476 Markham, Ontario L3P 3R1
 Club Office: 6140 16th Ave. - Mount Joy Soccer Centre - Phone: 905-472-2869

For additional information, visit our web site: www.markhamsoccer.org

REMEMBER Form signed Proof of Age (must be photocopy) Cheque attached (\$60)

Note: For all Non-Markham Soccer Club referee's, there is a \$50 Field fee Cheque attached (\$110)