

CLCF Use Only:

**2008 CLCF SOCCER REFEREE APPLICATION**

Mail to: CLCF Soccer, PO Box 8947, Cranston, RI 02920

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female

Date of Birth (mm/dd/yy) \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

E-Mail : \_\_\_\_\_

**Experience**

If Playing, Check Division:  Under 10 Boys  Under 12 Boys  Under 14 Boys  Highschool Co-Ed

Under 10 Girls  Under 12 Girls  Under 14 Girls

Select  House League

Have you refereed before?  Yes  No Year you began refereeing with CLCF: \_\_\_\_\_

Are you certified for 2007?  Yes  No Certification #: \_\_\_\_\_

Referee Experience : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete reverse side**

## MEDICAL ATTENTION

List any known medical problems such as asthma, allergies, allergies to medication, diabetes, etc. or state n/a if applicable:

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## LIABILITY WAIVER

Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the CLCF Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, (collectively, the "Released Parties"), against any claim by or on behalf of the registrant and/or being transported to or from the same, which transportation I hereby authorize. I understand that participation in soccer involves the risk of serious injury, including permanent disability or death, and severe social and economic losses that might result not only from the participant's actions but the action or inaction of others, including the "Released Parties."

In accordance with section 7-6-9 of the general laws of Rhode Island entitled "Exemption from Liability to Participate in Sponsored Athletic or Sports Event", I agree to hold CLCF, CLCF Soccer, and Soccer Rhode Island harmless and not liable for any illness, injury, or accident which occurs during participation in the program or when traveling to or from practices or games or related activities. I further release, relinquish, and waive any and all claims that I, he/she, or we may have for any accident, injury or illness which occurs as a result of participation in the CLCF, CLCF Soccer and Soccer Rhode Island programs.

(Must sign)

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_