BTSA Recreation Referee Information Sheet

Season Fall / Spring (circle one) Year _____

Referee Information

Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ / _____ / _____

Home Phone _____

Cell Phone _____ (if available)

E-mail Address _____

Referee Grade _____

Emergency Information

In case of an emergency, provide contact information for two adults.

Name _____

Phone Number _____

Name _____

Phone Number _____

Signatures

Parental approval is required for all referees. These are youth soccer events which are governed by the rules and regulations of the New Jersey State Youth Soccer Association (NJSYSA). All referees must have a state-issued referee license in order to participate in this program. Parental signature indicates their approval for their child to referee youth soccer games and their agreement to abide by all rules and regulations as established by NJSYSA and Brick Township Soccer Association (BTSA).

Referee Signature _____ Date _____

Parent Signature _____ Date _____

BTSA Use Only : Accepted By _____ Date _____