

2009 FUTSAL REFEREE / INSTRUCTOR / ASSESSOR REGISTRATION

_____	_____	M	F
Last Name	Date of Birth	Sex	
_____	_____	_____	
First Name	Email Address	_____	
() _____	() _____	_____	
Home Phone	Work Phone	Cell Phone	
_____	_____	_____	
Street Address	Mailing Address (if different)	_____	
_____	_____	_____	
City, ST ZIP Code	City, ST ZIP Code	_____	

State Association / Officiating Experience

_____	_____	_____	
Your State Association	Other Futsal / Soccer Organizations	_____	
() _____	() _____	_____	
New Certification	Recertification	# of years as Futsal Official	# of years as soccer official
CHECK ONE		/	
_____	_____	# of years as an Assignor / League or Association	

Medical Information

_____	_____
Physician's Name	Phone Number
_____	_____
Insurance Company	Policy Number

Allergies/Special Health Considerations

I, the above named referee, agree to abide by the rules of Futsal, recognizing the possibility to physical injury associated with officiating and in consideration for New England Futsal and its affiliates accepting the referee for assignments, I hereby release, discharge, and/or otherwise indemnify New England Futsal and all other affiliated organizations, their employees and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same.

Adult Referee Signature (Referees who are 18 years of age or older)	Date
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I, the parent/guardian of the above named referee, a minor, agree to abide by the rules of Futsal, recognizing the possibility to physical injury associated with officiating and in consideration for New England Futsal and its affiliates accepting the referee for assignments, I hereby release, discharge, and/or otherwise indemnify New England Futsal and all other affiliated organizations, their employees and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same.

Parent's/Guardian's Signature *required	Date
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Minor Referee Signature (* For Referees under 18 years of age)	Date
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**PLEASE MAIL THIS COMPLETED FORM WITH PAYMENT TO:
New England Futsal - P.O. Box 24 - Adamsville, RI 02801
We will send you a confirmation of reservation via email response**