

Vallejo PAL Soccer Referee Application

Name: _____

Email Address: _____
(required – this is how you will be contacted)

Street Address: _____ City: _____

Zip Code: _____ Phone: _____ Cell Phone: _____

Date of Birth: _____ Drivers License Number: _____

Referee License: YES NO (Circle one)

If Yes, year obtained License: _____ U.S.S.F. Grade _____ Years of Experience: _____

Have you ever been convicted of a crime: YES NO (Circle One)

If Yes, please explain:

What age groups would you like to referee? _____

Do you have a child or relative on a team? YES NO (Circle one)

If Yes, what team is your child on? Team: _____ or Coach: _____

PLEASE INITIAL THE FOLLOWING AFTER YOU READ EACH STATEMENT

- _____ I am aware that this application is only an application, and that my application will be under review of the Vallejo PAL Soccer Board of Directors.
- _____ I understand that this is only a home league and will not treat this as a competition league.
- _____ I will abide by the bylaws set forth by the PAL Soccer Board of Directors.
- _____ I will refrain from swearing, drinking alcoholic beverages, and smoking while in the presence of minors.
- _____ I will notify the PAL Soccer Board of Directors if there are any problems that should arise and will immediately notify the Board if for some reason I will be unable to perform my duties as a referee for the league.
- _____ I understand that I can be suspended for inappropriate behavior towards a player, coach, fellow referee or spectator.

I have read and understand all of the above and hereby state that the information above is true:

Signature

Date

