

Referee Application

NAME (Print): _____

STUDENT ID # (Print): _____

E-MAIL (Print): _____

PHONE NUMBER (Print): _____

SPORTS THAT I WANT TO REF _____

Experience:

As a Player

Sports: _____

How long: _____

Have you refereed before?

Sports: _____

How long: _____

Certification: I understand that after successfully completing the training with the Intramurals program at Edmonds Community College, as a referee, I will act as a game official at the appropriate level of competition indicated by my approved grade. I understand that I will be responsible for presiding over the game from a neutral point of view, making decisions in real time while enforcing the rules of the sport. I also understand that I am a representative of Edmonds Community College and will act appropriately as such.

APPLICANT SIGNATURE: _____

DATE: _____