



# Referee Availability Form

**FOR INDEPENDENT CONTRACTORS**  
PO Box 501, Dublin, OH 43017

**Spring  
2019**

This form is for youth referees for games assigned in the **DSL recreation** program. **Review the pre-filled information and make corrections.**

If you play on a soccer team, what is the name?: \_\_\_\_\_  
*Be very specific. (Example: MSSA Burn) Write N/A if this does not apply.*

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Concussion completed: \_\_\_\_\_

**Please Correct Information**

|                   |                           |
|-------------------|---------------------------|
| PRIMARY PHONE #:  |                           |
| SECOND PHONE#:    |                           |
| AGE (OR ADULT):   | - as of the end of season |
| DATE OF BIRTH:    |                           |
| EMAIL ADDRESS:    |                           |
| YEARS REFEREEING: | <b>Ref Grade:</b>         |

If possible, would you prefer to receive messages via: **texts** (to primary phone #) or **emails** (circle one)



**Please CIRCLE all dates that you CAN referee.**

**Due: March 15<sup>th</sup>**

*Keep in mind any dates for which you have other commitments.*

|                 |                 |                 |                      |                 |                                  |                             |                    |
|-----------------|-----------------|-----------------|----------------------|-----------------|----------------------------------|-----------------------------|--------------------|
| Sat.            | Sat.            | Sat.            | Sat.                 | Sat.            | Sat.                             | Sat.                        | Sun.PM             |
| <b>April 6</b>  | <b>April 13</b> | <b>April 20</b> | <b>April 27</b>      | <b>May 4</b>    | <b>May 11</b>                    | <b>May 18</b>               | <b>May 19</b>      |
| <i>Comments</i> | <i>Comments</i> | <i>Comments</i> | <i>Comments</i>      | <i>Comments</i> | <i>Comments</i>                  | <i>Comments</i>             | <i>Comments</i>    |
|                 |                 | Easter weekend  | Nike Boys Tournament |                 | MSSA 1 <sup>st</sup> prelim game | MSSA/ MOSSL 9-11 Tournament | <b>Make-up Day</b> |

**Mark the boxes below with 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> preference of times. “☒” out a shift you can’t ref\*.**  
*\*Caution: crossing out (X) a time could reduce the number of games you may be assigned to ref!*

**9:00 & 10:00**

**11:00 & 12:00**

**1:00, 2:00 or 3:00**

Are you available weekdays for assignments (circle)?    **Yes**    **No**    **Sometimes**

**OR, check one of the boxes below and return, fax (793-9626) or call us (793-8320):**

**Only list me as a SUB this season**     **Remove my name from the referee list.**

I agree to perform services as a referee for the Dublin Soccer League (DSL) for compensation as set forth in the *Referee Recreation Pay Policy* and am responsible for the reporting of any earned income to the appropriate taxing authorities as an independent contractor. The DSL requires a W-9 form be completed for each contractor. The Dublin Soccer League is not responsible for personal liability insurance or Worker’s Compensation coverage for independent contractors.

➔ Referee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➔ Adult/Guardian signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_