



Referee Availability Form

FOR INDEPENDENT CONTRACTORS

PO Box 501, Dublin, OH 43017

Spring

2021

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:	CERTIFIED?

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 12th

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

Sat.	Sat.	Sat.	Sat.	Sat.	Sat.	Sat.	Sat.
April 3	April 10	April 17	April 24	May 1	May 8	May 15	May 22
Comments	Comments	Comments	Comments	Comments	Comments	Comments	Comments
Easter weekend		Nike Girls Tournament	Nike Boys Tournament				MOSSL Tournament

Mark the boxes below with 1st, 2nd and 3rd 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 & 10:15 11:30 & 12:45 2:00 & 3:15*

**if necessary due to social distancing protocols*

Are you available Sundays after 1pm 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: _____