

KICK AND CHASE REFEREE REGISTRATION

REFEREES	
WHO:	All fourth through eighth graders in the Oak Hills Soccer Club area are eligible to be referees for the Oak Hills Kick and Chase (K&C) soccer league. The number of referees will be limited depending upon the number of K&C teams.
WHEN:	The K&C league plays on Saturday afternoons beginning September, 2008. There are two different leagues with half the teams playing at 1:30 pm and other half at 4:00 pm. Referees will generally officiate only one of those games on a given Saturday.
HOW OFTEN:	The Club's goal is to have each referee officiate at least 3 (of the 6 regular) K&C games.
OTHER:	The compensation for refereeing is \$10.00 for regular games.
TRAINING:	To ensure consistency and proficiency, all referees and referee coordinator assistants are required to attend a referee clinic each year. There is no charge for the clinic. Please sign up by choosing one of the dates below. Confirmation of the clinic will be made prior to the clinic. A referee schedule will be distributed following the last clinic.

REFEREE COORDINATOR ASSISTANTS	
WHAT:	In addition to referees, each of the 2 leagues will have at least one referee coordinator assistant. The referee coordinator assistants will organize the referees on game day, and will step forward to referee if necessary. The referee coordinator assistants are chosen based on age, experience and past reliability.
OTHER:	The compensation for referee coordinator assistants is \$14 for regular games.
DEADLINE:	Please mail your completed form no later than June 30th to the Referee Coordinator: Emily Heffernan, 5412 NW Meadowlands, Portland, OR 97229 Priority will be given to those registrations returned first. Questions? Call Emily Heffernan; 503-690-1717.

Last Name:	First:	Grade in Fall '08:
Address:	City:	Zip:
Home Phone:	Email:	School:
How many years have you refed in the past?:		

FAMILY DATA	
Mother's Name:	Work Phone:
Father's Name:	Work Phone:
Family Doctor:	Phone:
Medical Concerns:	
Emergency, Non-Parent Contact:	Phone:
Insurance Company:	Group Number:

MEDICAL CONSENT	
I, as parent or guardian, do hereby give my consent for all medical care and/or medicine prescribed by a duly licensed doctor for my above named child. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent. I also authorize the officer, leader, or coach to transport my child in case of an emergency.	
Signature:	Date:

Please Choose one of the following referee clinics to attend. Each clinic should last about 1-1½ hours.

August 12 at 6:30pm August 24 at 5:00pm

Are you interested in being a referee coordinator assistant? Yes No