



WESTERN ONONDAGA YOUTH SOCCER ASSOCIATION

APPLICATION FORM									
Full Name:						Date:			
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:									
<i>Street Address</i>						<i>Apartment/Unit #</i>			
<i>City</i>						<i>State</i>		<i>ZIP Code</i>	
Phone: ()				E-mail Address:					
School You Attend:									
Soccer Experience:		MODIFIED	YES <input type="checkbox"/>	FRESHMAN	YES <input type="checkbox"/>	JUNIOR VARSITY	YES <input type="checkbox"/>	Varsity	YES <input type="checkbox"/>
OTHER:		REC(WOYSA)	YES <input type="checkbox"/>	CLUB(CNY LEAGUE)	YES <input type="checkbox"/>	TRAVEL/PREMIER(BLITZ)			YES <input type="checkbox"/>
PLEASE NOTE ANY SATURDAYS THAT YOU WILL NOT BE AVAILABLE FOR ANY REASON (SCHOOL FUNCTION [TRIPS, BAND, SPORTS], FAMILY OUTINGS, RELIGIOUS, ETC):									
(PLEASE CONFER WITH YOUR PARENTS ON THIS ITEM. AND DOUBLE CHECK YOUR SCHOOL SCHEDULE.)									
SEASONS YOU PLAN ON REFFING:		SPRING ONLY	YES <input type="checkbox"/>	FALL ONLY	YES <input type="checkbox"/>	BOTH		YES <input type="checkbox"/>	
IF YOU CHECKED "FALL ONLY" OR "BOTH", YOU WILL NOT BE AUTOMATICALLY SCHEDULED IN THE FALL. THERE WILL BE A FALL SIGN UP SHEET MAILED IN EARLY AUGUST. "FALL ONLY" STILL MUST ATTEND THE SPRING TRAINING SESSION AS REQUIRED. WE ONLY DO THE TRAINING ONCE A YEAR.									
PARTNER WITH WHOM YOU WOULD LIKE TO BE TEAMED									
(CONTACT YOUR PARTNER. HAVE THEY APPLIED TO BECOME A REFEREE? IF THEY DON'T SIGN UP, WE WILL PAIR YOU UP. THIS PAIRING WILL BE FINAL. IF NO NAME ABOVE, WE'LL TEAM YOU WITH ANOTHER.									
E-MAIL IS BY FAR THE MOST EFFECTIVE AND EFFICIENT WAY OF US TO CONTACT YOU, IT IS ALSO THE BEST WAY FOR YOU TO CONTACT US. SO IF YOU DON'T HAVE A COMPUTER AT HOME OR DON'T HAVE AN E-MAIL ADDRESS THAT YOU OR YOUR PARENTS CHECK REGULARLY, THEN DON'T WRITE ONE DOWN ON THIS APPLICATION. BUT IT WILL CERTAINLY HELP US OUT.									
SIGNATURE OF APPLICANT						DATE			
PARENTAL PERMISSION: MY CHILD HAS MY PERMISSION TO BECOME A WOYSA REFEREE. I HAVE READ BOTH THE INVITATION LETTER AND THIS APPLICATION. I UNDERSTAND THAT I AM RESPONSIBLE FOR TRANSPORTATION TO AND FROM HIS/HER GAMES. I FEEL MY CHILD POSSESSES THE MATURITY AND DEDICATION TO ACCEPT THIS POSITION.									
SIGNATURE OF PARENT						DATE			
E-MAIL OR MAIL TO:		MATTHEW HALL 3714A Henley Court Baldwinsville, NY 13027 WOYSAref@gmail.com							