

MEMBERSHIP APPLICANT		
Name (Last, First):		Completed USA Officials Certification? Y/N
Date of Birth:	SSN:	Cell Phone:
Email:		
Home Address:		
City:	State:	ZIP Code:
EMERGENCY CONTACT		
Name:		
Phone:	State:	Relationship:
EXPERIENCE & INFORMATION		
Have you heard of STUNT prior to training? YES NO		If YES, where?
Have you officiated high school or club STUNT games before? YES NO		If YES, how long?
Which official position are you willing to work? REFEREE SCORING BOTH		Level? CLUB HS COLLEGE
Which region are you located in? NORTHERN CA SOUTHERN CA CENTRAL SECTION SAN DIEGO SECTION		
Do you have any conflict of interest in your region? YES NO		If YES, reason?
Do you have transportation? YES NO	Are you willing/able to travel more than 100 miles? YES NO	
Are you able to officiate a minimum of five (5) games? YES NO		If NO, why?
Do you currently officiate/referee another sport? YES NO		If YES, sport?
Do you currently coach STUNT? YES NO	If YES, levels? CLUB HS COLLEGE	How long?
AGREEMENT		
<p>I authorize the verification of the information provided on this form for membership to California STUNT Officials Association (CASOA).  <span style="float: right;">Initial _____</span></p> <p>I understand my membership fee includes but is not limited to, Arbiter access, assignment to California Interscholastic Federation (CIF) games and Club STUNT games, assistance with my official payment for games, and required CIF training and exams.  <span style="float: right;">Initial _____</span></p> <p style="color: red;">I understand that if I receive any amount above the allocated officials, I must pay the assigning fees back to CASOA (\$2 per game).  <span style="float: right;">Initial _____</span></p> <p>I understand that I must complete all trainings and exams, background check through USA Cheer and CASOA, and have knowledge of the material presented for CSC – STUNT, in order to be assigned to CIF games and Club STUNT games.  <span style="float: right;">Initial _____</span></p> <p style="color: red;">I understand that as a member of CASOA, I must not be affiliated with or officiate for any other non-CIF or STUNT officials association/organization not recognized by USA Cheer unless prior approval is received by CASOA. I must not have any conflict of interest with schools/teams/athletes in regard to club or high school CSC-STUNT officiating unless approved by CASOA. Any violation, I understand my CASOA membership maybe subject to termination and will lose all to member benefits.  <span style="float: right;">Initial _____</span></p> <p>I understand that as a member of CASOA, I must abide by guidelines set forth and accept all responsibilities as a CSC – STUNT Official and will officiate to the best of my ability with neutrality. I understand that I am an independent contractor and not an employee of CASOA.  <span style="float: right;">Initial _____</span></p> <p>In consideration of the acceptance of my application for membership for CASOA, I hereby waive, release and discharge any and all claims for damages, for death, personal injury or property damage which I may have or which hereafter accrue to me, against CASOA and staff as a result of my participation in the event/activity related to CASOA.</p> <p>This release is intended to discharge CASOA, CASOA Executive Board, members, and volunteers of each and any other public agencies from and against any and all liability arising out of or connected in any way with my participation in the event/activity, even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above.</p> <p>I further understand that accidents and injuries can arise out of participation in this event/activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk, is to be binding on my heirs and assigns.</p> <p>I have read this entire Release Agreement; I fully understand it and I agree to be legally bound by it. I understand photocopies of this form will be treated as originals.</p>		
Signature:		Date:
Print Name:		