

# Membership Application

Arizona Lacrosse Officials Association (ALOA, INC.)

7818 E. Willetta St.

Scottsdale, AZ 85257

www.azlaxref.com

e-mail: christhuman@gmail.com

Date: \_\_\_\_\_

New  Returning Member

## Contact Information:

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

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

City, State & ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

USLacrosse #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Do you have a drivers license?  yes  no

Driver's License number: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Referee Experience:

Lax Ref Experience (Yrs) \_\_\_\_\_

Lax Player Exp (Yrs) \_\_\_\_\_

Other Ref Exp (Yrs) \_\_\_\_\_

## Person to Notify in Case of Emergency:

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

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

City, State & ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Information:

- I understand that my working relationship with ALOA, INC. is that of an independent contractor. I authorize ALOA, INC. to provide necessary tax related information to the IRS or appropriate lacrosse organizations for which my services have been provided.
- I understand that in the course of game assignments, I will be working with minors. As such, I agree that the ALOA, Inc. may perform background checks at its sole discretion on members of the association.
- I understand that by submitting this registration form there is no game assignment guarantee, either by number, type, location, or level. It is also my understanding as an independent contractor I may choose to accept or decline officiating opportunities.
- I understand that due to the unique assignments for officials to lacrosse contests that all officials must be responsive to the ALOA, INC. bylaws. (Copy of the bylaws provided upon request).
- As an independent contractor, it is my responsibility to make full disclosure on as to any affiliation or conflict I may have with teams I may be assigned to officiate (i.e., relatives on the teams, former player or coach, board member, etc.).
- I agree to complete the training requirements as defined by ALOA prior to receiving any game assignments.
- I understand that the ALOA requires me to maintain a current membership in USLacrosse as an Official and the cost of this annual membership IS NOT included in the ALOA registration fees.

**- I hereby agree to abide by all rules and regulations set forth in the ALOA Bylaws.**

## Registration Fees:

Annual Fee: \$50.00

Make checks payable to:

ALOA, INC.

Charge for NSF (non-sufficient funds) checks is \$35.00.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_