



## The South Carolina Independent School Association

P.O. Drawer 690, Orangeburg, SC 29116 Telephone: 803-535-4820/4821 Fax: 803-535-4840

# Independent Contractor: Official's Registration Form

### Please Print All Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_ Work Telephone # \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Number \_\_\_\_\_

Telephone Number For Schools To Notify You In Case Of A Cancellation: \_\_\_\_\_ If no number is given, then it will be your responsibility to contact a school in case of inclement weather. We suggest a Home Number with an answering machine that you check during the day if you are unable to receive calls at work.

High School Attended: \_\_\_\_\_ College Attended: \_\_\_\_\_

Number of years of Officiating Experience: \_\_\_\_\_ Number of years officiating experience in SCISA \_\_\_\_\_

Indicate Availability for Working games: \_\_\_\_\_

Do you have a direct, personal connection to any SCISA School (spouse employed, child attends...)? If yes, identify the school: \_\_\_\_\_ and connection \_\_\_\_\_.

Comments: \_\_\_\_\_

Are you currently listed or required to be listed on the South Carolina Sexual Offender Registry or a similar registry of any other state? \_\_\_\_ Yes \_\_\_\_ No

### Registration Fee: \$50

Registration fees are payable to the Region Director. Your Registration Fee will cover the cost of Rule Books, Clinics, and Liability Insurance.

I wish to register and qualify for officiating assignments made by the SCISA Booking Office. I shall meet all required clinics and tests examinations for the current season. I understand that I am not an employee of the Booking Agency, of SCISA, or the schools that I wish to serve. I am an independent contractor. I understand that a background check may be performed and I give full and complete authority for SCISA or my assigning agent to request and receive any and all records. I also state that I am physically able to perform the duties associated with officiating. I understand that I will be financially responsible for the cost & treatment of any injuries I sustain in fulfilling my responsibilities as an athletic game official. I will not hold those named liable for any claims which may arise in the performing of my officiating duties. I have read and agree to uphold and observe the "Code of Conduct of SCISA".

\_\_\_\_\_  
**Official's Signature**

\_\_\_\_\_  
**Date**