

Please Cut Along Dotted Line

For use by individuals that have served or are currently serving in the Armed Forces.

2023-24 WIAA SPORT OFFICIAL LICENSE APPLICATION

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION, 5516 Vern Holmes Dr., Stevens Point, WI 54482-8833

Occupation _____

TELEPHONE NO's (Include Area Code)
These numbers will be published in the on-line Officials Directory unless otherwise noted.

HOME _____

CELL _____

Male _____ Female _____ Date of Birth _____

EMAIL ADDRESS (Required)

Have you ever been charged with a felony or any type of assault?

Yes _____ No _____

What books would you prefer? Paper Copy _____ E-Book _____

Click box if you **do not** want your contact information shared with rSchoolToday, our preferred partner for officials' assignments and directory features utilized by member schools. *Note: Selecting this option may result in diminished number of assignments.*

APPLICANTS – Please print NAME, MAILING ADDRESS, and ZIP CODE below.

Check sports in which you wish to be licensed.

BASEBALL	
BASKETBALL	
FOOTBALL	
GYMNASTICS	
HOCKEY	
LACROSSE Boys	
LACROSSE Girls	
SOCCER	
SOFTBALL	
SWIMMING & DIVING	
TRACK & FIELD	
Do you also officiate cross country? Yes No	
VOLLEYBALL	
WRESTLING	

Mail this form to the address above along with some type of documentation verifying military service.

Fold on Line

I hereby certify that I have an accurate and working knowledge of the rules and officiating mechanics of the sport(s) in which I desire to be licensed as an official. I will uphold all WIAA's policies, including those of promoting wholesome amateur athletics in the member schools of Wisconsin and conducting them in an atmosphere of sportsmanship, free from gender and ethnic bias. I clearly understand that: I am acting as an independent contractor and not as an employee of the WIAA or its member schools. By submitting this application, I agree to review the WIAA Guide for Officials, found on the WIAA website, and will abide by terms and conditions stated in this Guide.

Please Sign

Applicants Signature **X**

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Please return completed form along with military documentation to:

**WIAA
5516 Vern Holmes Dr.
Stevens Point, WI 54482**