

Please Cut Along Dotted Line

2018-19 WIAA SPORT OFFICIAL LICENSE APPLICATION

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

Occupation _____ Male ____ Female ____ Date of Birth _____

Officials Association No. _____

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

HOME _____ CELL _____

EMAIL ADDRESS (Required) _____

Have you ever been charged with a felony or any type of assault? Yes ____ No ____

APPLICANTS – Please print or type NAME, MAILING ADDRESS, and ZIP CODE

Check sports in which you wish to be licensed.

BASEBALL	\$15.00	<input type="checkbox"/>	
BASKETBALL	\$15.00	<input type="checkbox"/>	
FOOTBALL	\$15.00	<input type="checkbox"/>	
GYMNASTICS	\$15.00	<input type="checkbox"/>	
HOCKEY	\$15.00	<input type="checkbox"/>	
SOCCER	\$15.00	<input type="checkbox"/>	
SOFTBALL	\$15.00	<input type="checkbox"/>	
SWIMMING & DIVING	\$15.00	<input type="checkbox"/>	
TRACK & FIELD	\$15.00	<input type="checkbox"/>	
Do you also officiate cross country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
VOLLEYBALL	\$15.00	<input type="checkbox"/>	
WRESTLING	\$15.00	<input type="checkbox"/>	

BASIC LICENSE FEE † **\$35.00**
(All fees waived for high school students.)

SPORTS FEE(S) from above \$ _____

LATE FEE* (\$30) \$ _____

TOTAL ENCLOSED \$ _____

* Required only if you were licensed in 2017-18 and you did not reapply by June 1, 2018.

†Note: If you will be a high school student for the 2018-19 school year, you do not need to pay any fees.

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READ CAREFULLY BEFORE SIGNING:

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

**High school students must have
this card signed by their athletic director.**

SIGNATURE of
Athletic Director

Name of School

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