

Please Cut Along Dotted Line

For use by individuals that have served or are currently serving in the Armed Forces and are licensing for the first time or are renewing for their second year.

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 _____

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

No licensing fees will be charged for the first two years.

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.

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