

Please Cut Along Dotted Line

2024-25 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 PHONE _____ CELLPHONE _____

EMAIL ADDRESS (Required) _____

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.*

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

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

Check sports in which you wish to be licensed.

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

BASIC LICENSE FEE † **NO FEE**
(All fees waived for high school students.)

†Note: If you will be a high school student for the 2024-25 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

Please Cut Along Dotted Line

Please return completed form along with payment:

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