

Please Cut Along Dotted Line

2023-24 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) _____

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 _____

Would you prefer: E-Book _____ Paper Book _____

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

†Note: If you will be a high school student for the 2023-24 school year, you do not need to pay any fees.

Check sports in which you wish to be licensed.			
BASEBALL	\$15.00		
BASKETBALL	\$15.00		
FOOTBALL	\$15.00		
GYMNASTICS	\$15.00		
HOCKEY	\$15.00		
LACROSSE - GIRLS	\$15.00		
LACROSSE - BOYS	\$15.00		
SOCCER	\$15.00		
SOFTBALL	\$15.00		
SWIMMING & DIVING	\$15.00		
TRACK & FIELD	\$15.00		
Do you also officiate cross country?		Yes	No
VOLLEYBALL	\$15.00		
WRESTLING	\$15.00		
BASIC LICENSE FEE †		\$35.00	
(All fees waived for high school students.)		\$	
SPORTS FEE(S)		\$	
Late Fee* (\$30)		\$	
TOTAL ENCLOSED		\$	

* Required only if you were licensed in 2022-23 and you did not reapply by the June 30, 2023 deadline.

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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Please return completed form along with payment:

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