



Western Connecticut Lacrosse Officials Association

WCLOA Officials Application

Name (please print) _____

	Last	First	Middle
Address _____			
	Street	City	ST Zip

Email Address _____

Phone (H) (____) _____ Phone (C) (____) _____

Date of Birth (mm/dd/yyyy) _____

Check here if a member of the CIAC Officials Association
What sport(s) do you officiate? _____

Are you a member of another officials group? Yes No
Name of Association _____ Sport(s) _____

Professional References: These should be persons qualified to give information in regards to your membership. Please include athletes, officials and coaches with whom you have worked.

	Name	Address	Phone	Sport
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Have you ever been convicted of a felony or any other criminal offense, excluding traffic violations? Yes No If yes, please explain below _____

DISCLAIMER:

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a member, the WCLOA Inc. may terminate membership if I have made any false statements or material misrepresentations, written or verbal. As a condition of membership, I hereby grant permission to the WCLOA Inc. to receive a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records. I hereby release and agree to hold harmless from liability the WCLOA Inc., the officers, members thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous membership, the WCLOA Inc. is not obligated to assign me a membership. I understand that, prior to the expiration of my fiscal yearly membership; I am subject to suspension and/or termination of membership by any and all violations to the rules of the WCLOA Inc. Constitution.

Applicant signature

Date

