

GEORGIA HIGH SCHOOL ASSOCIATION
P. O. Box 271, Thomaston, GA 30286

APPLICATION FOR REGISTRATION FOR OFFICIATING
To be accompanied by registration fee and submitted by Association Secretary to the GHSA office

**** Type or Print clearly – application will be returned if not legible / must be completed in full for processing ****

Name _____ Last 5 Digits of Social Security Number: _____
(First, Middle, Last, Suffix)

Mailing Address _____
(Street or P. O. Box) (City) (Zip Code)

Email Address _____

Business or Cell Phone (____) _____ - _____ Home Phone (____) _____ - _____ Age _____

Education: (circle one) High School Graduate GED College Graduate

Occupation _____

Have you ever been convicted of one of the following crimes: sexual offense of any kind, crime against a minor, a drug-related offense in the past 10 years, DUI in the past 5 years, gambling? YES NO

If "YES", please give full particulars about the offense (date, city, state and outcome of conviction) on the back of this form.

OFFICIATING EXPERIENCE

Sport of Registration _____

Number of years officiating above sport: _____ High School _____ College _____

Do you have prior officiating experience with the GHSA? YES NO

If "YES", what sport? _____ What association? _____ What year? _____

Do you have prior officiating experience in another state? YES NO

If "YES", what state? _____ What sport(s) _____ How long? _____

(Note: It is the responsibility of the official to contact the former state high school association to have records sent to the GHSA. Records needed per sport are: years experience, last year's clinic attendance, games worked, exam scores, and current rating.)

REFERENCES

Give names, addresses and phone numbers of three individuals who know your character and ability as an official.

Name Address Phone Number Position

I understand that I will be expected to comply with the GHSA rules and procedures as outlined in the GHSA Constitution and By-Laws and in the GHSA Officials' Accountability Manual.

I understand that amateur sports officials are independent contractors and are not employees of the GHSA or the local officials' association.

I affirm that all information on this application form is true, and I understand that any falsification could be cause for my removal as a GHSA official.

SIGNATURE: _____