



The South Carolina Independent School Association

P.O. Drawer 690, Orangeburg, SC 29116 Telephone: 803-535-4820/4821 Fax: 803-535-4840

Independent Contractor: Official's Registration Form

Please Print All Information

Name _____ Date of Birth _____

Mailing Address: _____ Home Telephone # _____

_____ Zip Code _____ Work Telephone # _____

E-mail address: _____ Cell Number _____

Telephone Number For Schools To Notify You In Case Of A Cancellation: _____ If no number is given, then it will be your responsibility to contact a school in case of inclement weather. We suggest a Home Number with an answering machine that you check during the day if you are unable to receive calls at work.

High School Attended: _____ College Attended: _____

Number of years of Officiating Experience: _____ Number of years officiating experience in SCISA _____

Indicate Availability for Working games: _____

Do you have a direct, personal connection to any SCISA School (spouse employed, child attends...)? If yes, identify the school: _____ and connection _____.

Comments: _____

Are you currently listed or required to be listed on the South Carolina Sexual Offender Registry or a similar registry of any other state? ____ Yes ____ No

Registration Fee: \$ _____

Registration fees are payable to the Region Director. Your Registration Fee will cover the cost of Rule Books, Clinics, and Liability Insurance.

I wish to register and qualify for officiating assignments made by the SCISA Booking Office. I shall meet all required clinics and tests examinations for the current season. I understand that I am not an employee of the Booking Agency, of SCISA, or the schools that I wish to serve. I am an independent contractor. I understand that a background check may be performed and I give full and complete authority for SCISA or my assigning agent to request and receive any and all records. I also state that I am physically able to perform the duties associated with officiating. I understand that I will be financially responsible for the cost & treatment of any injuries I sustain in fulfilling my responsibilities as an athletic game official. I will not hold those named liable for any claims which may arise in the performing of my officiating duties. I have read and agree to uphold and observe the "Code of Conduct of SCISA".

Official's Signature

Date

The South Carolina Independent School Association

**Warning of Inherent Risk
SCISA Athletic Game Official - 2018-19**

I _____, acknowledge that my participation as a game official in the **SCISA Athletic Association's Athletic Programs** carries the inherent risk of injury. I, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities that I am involved in as an athletic official exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF AND MY SPOUSE, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
3. I willingly agree to comply with SCISA's stated and customary terms and conditions for participation. If I have any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from officiating immediately and bring such to the attention of my district director; and,
4. I for myself and my spouse, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** The South Carolina Independent School Association, my district director, SCISA directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Event, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to person or property incident to my involvement or participation in these programs.
5. I grant permission to athletics trainers, first responders, nurses, and coaches as well as physicians or those under their direction who are a part of athletic prevention and treatment, to have access to necessary medical information.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS,

(SIGNATURE)

Date Signed: