

TOLA WP

New Referee Membership Form

Name _____
Street _____
City _____ State ____ Zip _____
Cell Phone _____ Other _____ (Work/Home)
Email _____
Shirt Size _____

I desire to referee (circle one): High School USAWP Both

I am willing to at referee the following locations: _____

USA Water Polo Information

Member Type _____ USWP # _____
Referee Training Course(s) _____
Completion Date(s) _____

High School Clinic Information

Clinic Date _____ Clinician _____

Secondary Insurance Information

I am a member of NASO: YES NO
Member #: _____
Other Liability Insurance Carrier _____
Member #: _____

Conflict of Interest Statement

Please declare any relationships (spouse, child, alumnus, former coach, etc.) with any member athlete or team that might be perceived as a conflict of interest. Having such a relationship does not necessarily preclude assignments to that team. (ex. I was a graduate of XXXX high school in 1990.)

Signature _____ Date _____