



St. John's Minor Hockey Association

P.O. Box 39006
Topsail Road RPO
St. John's, NL A1E 5Y7

Telephone: 709-579-9091
Facsimile: 709-579-4088

REFEREE/TIMEKEEPER REGISTRATION FORM

(Minimum age to become a referee is 13 years old)

Personal Information (to be completed by referee)

| | | | |
|-----------------------|-------|----------------|-------|
| Name: | _____ | Telephone #: | _____ |
| Street Address: | _____ | Date of Birth: | _____ |
| City/Town: | _____ | MCP #: | _____ |
| Postal Code: | _____ | | |
| Parent/Guardian name: | _____ | Telephone #: | _____ |
| Parent/Guardian name: | _____ | Telephone #: | _____ |
| Email Address: | _____ | | |

Position applying for:

Referee Timekeeper Both

Do you currently play minor hockey?

Yes If yes, please provide the division and association or league you will play for this season

No If no, please provide the division and association or league you last played for

Parent Information (to be completed by the parent)

The Association relies heavily on its young officials to deliver the hockey program. As a result there is a lot of responsibility placed upon these young people. As a new official they will be assigned mostly hockey games for the Under 9 and Under 11 divisions which means many early morning games (8:00 am) on the weekends. There may also be pressure placed upon the young officials by other parents and coaches, although we do our best to support the young officials and discourage such behaviour.

Before forwarding your child's application to become a referee we ask that you have a discussion with them to ensure they fully understand the commitment, and the expectation that they complete the entire season if they are accepted into the program. The Referee in Chief will contact those individuals accepted into the available positions and advise them of the upcoming training program.

Please sign the application below and return the form to the minor hockey office.

| | | |
|----------------------------|------------------|-------------|
| _____ | _____ | _____ |
| Parent Name (Print) | Signature | Date |