



Referee Availability Form

FOR INDEPENDENT CONTRACTORS
PO Box 501, Dublin, OH 43017

Fall
2025

This form is for youth referees for games assigned in the **DSL recreation** program. **Review the pre-filled information and make corrections.**

If you play on a soccer team, what is the name?: _____
Be very specific. (Example: MSSA Burn) Write N/A if this does not apply.

Name: _____

Address: _____

City: _____

Zip Code: _____

Concussion completed: _____

Please Provide Information Requested

PRIMARY PHONE #:	
SECOND PHONE#:	
AGE (OR ADULT):	
DATE OF BIRTH:	
EMAIL ADDRESS:	
YEARS REFEREEING:	CERTIFIED?

If possible, would you prefer to receive messages via: **texts** (to primary phone #) or **emails** (circle one)

➡ Please **CIRCLE** all dates that you **CAN** referee.

Due: Aug. 8th

Keep in mind any dates for which you have other commitments.

Sat.	Sat.	Sat.	Sat.	Sat.	Sat.	Sat.	Sat.	Sat.
Aug. 23	Sept. 6	Sept. 13	Sept. 20	Sept. 27	Oct. 4	Oct. 11	Oct. 18	Oct. 25
Comments	Comments	Comments	Comments	Comments	Comments	Comments	Comments	Comments
		OP Tournament	DUSC Tournament				MSSA Tournament	

Mark the boxes below with 1st, 2nd & 3rd preference of times. “☒” out a shift you can’t ref*.

**Caution: crossing out (X) a time could reduce the number of games you may be assigned to ref!*

☐ 9:00 & 10:00

☐ 11:00 & 12:00

☐ 1:00 and 2:00

OR, check one of the boxes below and return, fax (641-793-9626) or call us (614-793-8320):

☐ **Only** list me as a SUB this season ☐ Remove my name from the referee database.

I agree to perform services as a referee for the Dublin Soccer League (DSL) for compensation as set forth in the *Referee Recreation Pay Policy* and am responsible for the reporting of any earned income to the appropriate taxing authorities as an independent contractor. The DSL requires a W-9 form to be completed for each contractor. The Dublin Soccer League is not responsible for personal liability insurance or Worker's Compensation coverage for independent contractors.

➡ Referee Signature: _____ Date: _____

➡ Adult/Guardian signature (if under 18): _____ Date: _____