



Referee Availability Form

FOR INDEPENDENT CONTRACTORS

PO Box 501, Dublin, OH 43017

Spring

2026

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: _____

Please Include Information Below

PRIMARY PHONE #:	
SECOND PHONE#:	
AGE (OR ADULT):	- as of the end of season
DATE OF BIRTH:	
EMAIL ADDRESS:	
YEARS REFEREEING:	CERTIFIED?

Concussion completed: _____

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: March 14th

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

Sat.	Sat.	Sat.	Sat.	Sat.	Sat.	Sat.
April 4	April 11	April 18	April 25	May 2	May 9	May 16
Comments	Comments	Comments	Comments	Comments	Comments	Comments
Spring Break Easter Wknd			Nike Boys Tournament		MSSA 1 st round tourney game	DSL Rec / MSSA Tournaments

Mark the boxes below with 1st, 2nd and 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

12:00 & 1:00

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

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

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 income earned to the appropriate taxing authorities as an independent contractor. The DSL requires a W-9 form 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: _____