**Referee’s Name (**last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: Year: \_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number with voice mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referee’s e-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (will be used as primary contact with referee)

**Parent’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Returning Referee Current officiating certification level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years officiating: \_\_\_\_\_\_

 New Referee

 Current player in CMLA Current Team/Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All new applicants are waitlisted and will be considered as positions are created.

Waitlists are carried over from each year

**Coquitlam Minor Lacrosse – Officials Code of Conduct**

• I will dedicate myself to continuing to improve my officiating skills and knowledge of the Game.

• I will intervene in any situation that threatens the safety of the players.

• I will ensure that equipment and facilities are safe for all participants.

• I will at all times handle conflicts firmly and with dignity.

• I will remember the players participate to have fun.

• I will foster regular and effective communications with coaches, players and parents.

• I will not permit the intimidation of any player by word or action. Nor will I tolerate unacceptable conduct towards officials, other coaches, spectators or myself.

• I will remember that it is a great privilege to participate in the Game of Lacrosse and through my efforts I will pass on my knowledge of the Game to others and ensure it is played safely, according to the rules.

• I agree to referee a **minimum of five games** during the season or the CMLA will not pay for my referee clinic the following year.

**I have read the Code of Conduct for Coquitlam Minor Lacrosse Officials and agree to abide by them**:

**Signature of Referee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**