



**NSC Mini Referee Clinic 2010
APPLICATION
(Aged 12 as of March 31, 2010)**

Name _____ Phone # (_____) _____

Address _____ Postal Code _____

Email _____ Date of Birth _____
(Must be 12 as of March 31, 2010)

This is a one day course for youth referees who do not meet the minimum OSA age requirement for the Entry Level Referee Clinic. The clinic will be held at on May 15, 2010, from approximately 8:30 am – 4:00 pm. (to be confirmed by course instructor.) One parent of each attendee MUST be present for the final 30 minutes of the course. Referee candidates must attend the clinic in its entirety.

This is a one day clinic which consists of in-class instruction and practical skills training run by a qualified OSA Referee Instructor. During the in-class portion of this session the OSA instructor in conjunction with the Club Head Referee will explain FIFA’s *Laws of the Game* of soccer in accordance with Club Mini Field specifics. It is important to wear comfortable clothing and running shoes and be prepared to go outside.

Prior to the clinic there will be a two hour evening session held at the Newmarket Soccer Club. This session will cover the policies of the Newmarket Soccer Club regarding House League rules, game assignments, and method of payment. Attendance at this session is mandatory for applicants who plan to referee for the NSC. Details will be confirmed closer to the clinic date.

The fee for this course is \$30.00 payable to the Newmarket Soccer Club. The fee includes the cost of instruction by an OSA referee instructor, registration for the first year with the OSA as a Mini Referee only, and course materials. The \$30.00 fee will be refunded if the referee officiates with the Newmarket Soccer Club as a mini referee only until the end of the 2010 outdoor season. This offer is for first time referees only. Applications for the Mini Referee Clinic will not be accepted without a deposit.

**If a participant registers for the Mini Referee Clinic
and fails to show up on the scheduled date the \$30.00 deposit will not be refunded.**

Date: _____

Signature: _____

Upon completion, please return this form to:

**The Newmarket Soccer Club @ 800 Mulock Drive, Newmarket, Ontario
Attention: Jackie Hinde, Club Head Referee**