

METRO OFFICIALS ASSOCIATION

REGISTRATION FORM FOR OFFICIALS

2009-10

TODAY'S DATE:

NAME: BIRTH DATE: AGE

STREET CITY ST. ZIP S.S. #

PRIMARY PH. # SECOND PH. # THRID PH. #

EMAIL:

BASKETBALL EXPERIENCE

YEARS IN MOA YEARS IN TSSAA YRS. COL/UNIVERSITY

LIST OTHER BASKETBALL ASSOCIATIONS CURRENTLY WORKING:

LIST OTHER LIST OTHER

NOTES:

It is your responsibility to keep your information updated in www.thearbiter.net.

- a. You must enter and rank all phone numbers
- b. Update Address Information
- c. Arbiter Login: Your email address
- d. Arbiter Password: Defaults to last name but you should change it.

INDEPENDENT CONTRACTOR:

Conditions for Officiating Metro Officials Association

You are not an employee of the Metro Officials Association. You are an independent contractor. The Metro Officials Association is merely an agent for obtaining assignments for you. You are not covered by workman's compensation or any other insurance policy held and/or paid for by the Metro Officials Association. I agree that I will not hold the Metro Officials Association liable in the even of an injury or loss. By my signature below, I agree to all of the conditions set forth in the above agreement and accept membership in the Metro Officials Association.

PRINT YOUR NAME

SIGN YOUR NAME

DATE

DO NOT WRITE BELOW THIS LINE

MOA ADMINISTRATION USE ONLY:

TSSAA Registered: YES or NO

MOA Dues Paid: Amount \$ _____ Date of Payment: _____