

GLANBROOK YOUTH SOCCER CLUB  
(WEBSITE REGISTRATION)  
PO BOX 95 BINBROOK ON LOR 1C0 905-692-3977  
[gysc@mountaincable.net](mailto:gysc@mountaincable.net)

## **2010 REFEREE REGISTRATION**

### **Print Legibly For Proper Processing1**

Name: .....

Phone: ..... Address: .....

City: ..... Postal Code: .....

E-mail (Required): .....

Date of Birth: Year.....Month.....Day.....

I have completed the referee clinic with the Glanbrook Youth Soccer Club: Yes..... No.....

I am a C3 Referee.....C4 Referee.....Beginner.....

I wish to referee the following age group:

5/6..... 7/8..... 9/10..... 11/12..... 13/14.....U16..... U18.....U23

**PREFERENCE WILL BE GIVEN TO O.S.A MINIMUM C4 QUALIFIED REFEREES.**  
**RETURNING REFEREES WILL BE ACCEPTED AT THE DISCRETION OF THE HEAD REFEREE.**

I, the undersigned hereby release any and all members of the GLANBROOK YOUTH SOCCER CLUB Inc.  
from any and all damages or injuries incurred during refereeing of games.

Date: ..... Signature: .....

Parent or Guardian Signature (If under 18): .....