

NEW JERSEY STATE REFEREE COMMITTEE

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Request to Assign for Sanctioned Youth Competitions in New Jersey

This form must be completed for each calendar year by any non-NJ-registered assignor requesting to assign at sanctioned youth competitions within New Jersey, including tournaments and leagues.

Once approved, you may only assign referees registered in New Jersey or approved to work in New Jersey.

Assignor: Please fill out completely the section labeled “**Assignor**”. Submit the completed information to your State Referee Administrator (SRA). Please allow sufficient time for it to be processed. Once returned to you, please submit a copy to each NJ competition authority for which you assign. If your SRC does not provide background checks, you must submit documentation with this form.

SRA/SRC: Please complete the attestation in the section labeled “**Assignor’s Home Referee Committee**”. Please return the form to the Official once completed.

Competition: Please retain the form for each assignor for your records. Do not permit the assignor to assign without the proper attestation by the registered State Referee Committee. Require the assignor to notify you immediately if suspended or otherwise ineligible to work in his or her home state.

Assignor

Complete Name (as registered): _____

Year:

USSF Referee ID Number: _____

Registered State: _____

Assignor’s Address: _____

City/State/Zip Code: _____

Telephone Number(s): _____

Primary Email Address: _____

NJ Competition(s) (if known): _____

Signature of Assignor: _____ Date: _____

I agree to notify the competition(s) and the NJSRC immediately if I become ineligible to assign in my registered state.

Assignor’s Home Referee Committee

An email containing the same information below from the SRC can be substituted for completion of the form.

We attest that this assignor is in good standing with our organization, is certified for the year indicated.

THIS OFFICIAL HAS PARTICIPATED IN A RISK MANAGEMENT PROGRAM THAT INCLUDES A BACKGROUND CHECK; *OR*

WE DO NOT PROVIDE OR TRACK RISK MANAGEMENT PROGRAM PARTICIPATION AND BACKGROUND CHECKS

SRA or Designee Name/Title: _____ Date: _____

SRA or Designee Email Address: _____ State: _____

SRA, please notify the NJ State Referee Committee office as soon as possible should this assignor be suspended or otherwise declared ineligible to work as an assignor in your state.