

Gastonia Parks & Recreation Department Officials Registration Form

NAME: _____

(AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)

SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE: _____

CELL: _____

E-MAIL: _____

NAME OF EMPLOYER: _____

DATE OF BIRTH: _____

STATE YOUR OFFICIATING EXPERIENCE: _____

WHICH NIGHTS ARE YOU AVAILABLE:

MON. ___ TUES. ___ WED. ___ THURS. ___ FRI. ___ SAT. (Mornings) ___

OFFICIALS CONTRACT: I agree in the event I am disabled, injured, or incur a disease of a temporary or permanent nature while participating as a member said official's association, to waiver any and all claims or liabilities against the Gastonia Parks and Recreation Department, City of Gastonia, NC and do hereby assume said risks as one of the ordinary of said sports enterprise and participation.

SIGNED: _____

DATE: _____