



AUTHORIZATION FOR MINOR REFEREES

I _____ swear or affirm that I am the parent or guardian of _____ and that there are no legal, moral or ethical reasons why _____ should not be allowed to be a referee.
(he/she)

Furthermore, I authorize the Arizona Youth Soccer Association to contact Referee Assignors and Referee Mentors who can attest to the character and fitness of _____.

The State Association may perform any reasonable background checks with law enforcement or other agencies including _____ school.
(school attending)

Dated _____
Signature _____ Printed Name _____
Referee Address _____ City _____ Zip _____

SEND COMPLETED FORM TO:

11029 N. 24th Avenue Ste 805-806 Phoenix, AZ 85029 | (602)433-9202 | Fax (602)433-9221