

**GEORGIA HIGH SCHOOL ASSOCIATION**

*P.O. Box 271, Thomaston, GA 30286*

**APPLICATION FOR REGISTRATION FOR OFFICIATING**

*To be accompanied by registration fee and submitted to the GHSA by the Association Secretary*

**Print or Type**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street or P.O. Box) (City) (Zip Code)

Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_

Education: (circle one) High School Graduate GED College Graduate

Occupation \_\_\_\_\_

Have you ever been convicted of one of the following crimes: sexual offense of any kind, crime against a minor, a drug-related offense in the past 10 years, DUI in the past 5 years, gambling? YES NO

If "YES", please give full particulars about the offense (including the date and place of conviction) on the back of this form.

**OFFICIATING EXPERIENCE**

Sport of Registration \_\_\_\_\_

Number of years officiating above sport: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Do you have prior officiating experience with GHSA? YES NO

If "YES", what sport? \_\_\_\_\_ What association? \_\_\_\_\_ What year? \_\_\_\_\_

Do you have prior officiating experience in another state? YES NO

If "YES", what state? \_\_\_\_\_ What Sport(s) \_\_\_\_\_ How Long? \_\_\_\_\_

(Note: It is the responsibility of the official to contact the former state high school association to have records sent to the GHSA. Records needed per sport are: years experience, last year's clinic attendance, games worked, exam scores, and current rating.)

**REFERENCES**

Give names and addresses of three individuals who know your character and ability as an official.

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I will be expected to comply with the GHSA rules and procedures as outlines in the GHSA Constitution and By-Laws and in the GHSA Official's Accountability Manual

I understand that amateur sports officials are independent contractors and are not employees of the GHSA or the local official's association.

I affirm that all information on this application form is true, and I understand that any falsification could be cause for my removal as a GHSA official.

**SIGNATURE:** \_\_\_\_\_