



# UNITED STATES SOCCER FEDERATION

## REFEREE REGISTRATION FORM

(Check Only ONE)

- Referee     Assessor  
 Instructor     Assignor

20    
Year

**IMPORTANT: COMPLETE SECTIONS A-D BELOW, PRESS HARD WITH BALL-POINT PEN, CHECK THE LAST COPY FOR READABILITY**

**A: BIOGRAPHICAL INFORMATION**  Information has changed from prior year.

U.S. Soccer Federation ID No. --- Social Security No. ---

Last Name  First Name  Middle Initial

Address

City  State  Zip Code -

E-Mail Address

Home Phone - Work Phone - Gender  Date of Birth --  
MO DAY YEAR

Place of Birth (Country)  Citizenship (Country)

Referee Grade  Date Attained Present Grade -- Present State Affiliation  District   
MO DAY YEAR

**B: GAME INFORMATION** *(For re-certifying referees and assessors only)*

**Affiliated game experience for prior year** *(enter actual game count)*

LEVEL OF GAME	REFEREE	ASSIST. REFEREE
International F.I.F.A. Appointments		
Professional Game		
Other International Appointments		
Top National Games		
Regional Leagues		
Top Amateur/Division I Games		
Other Amateur Games		
Youth (U-19) Games		
Youth (U-16 and below) Games		
Other Games (Specify)		

**C: UPGRADE REQUEST** *(Complete only if upgrade requested)*

I request an upgrade from my current grade.

**D: INFORMATION CERTIFICATION** *(This section must be completed)*

I understand that by successfully completing the educational requirements and registering with the USSF, Inc. as a referee, I am entitled to act as a game official at the appropriate level of competition indicated by my approved grade. I understand that my registration does not guarantee my receipt of any specific refereeing assignments and does not apply to non-USSF affiliated games. I further understand that my registration with USSF does not create an employment contract or an employment relationship with USSF.

*Have you ever been convicted of a felony, a crime of violence, any crime against an individual, or fraud?*

Yes     No

If answer is yes, please read the directions on the instruction sheet.  
I also certify that I have no physical illness or impairment which will make participation in soccer related activities dangerous to me.

Registrant represents that the information contained in the form shall be true and correct, and that Registrant has not lied about, misrepresented or otherwise falsified such information. Incomplete forms will be returned.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**    **CERTIFICATION/UPGRADE INFORMATION**  
*(Fill-in or circle as appropriate)*

Paid by Cash    Check (No.)

Amount Paid:  Initial

Written Test:     
Date    Score    Initial

Field Test:  Pass    Fail      
Date    Initial

**ADMINISTRATIVE COMMENTS**

GRADE	1-2	3-4	5	6	7	8	9	10	11	12	13	14	15	16	17
International	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Associate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ADMINISTRATIVE CERTIFICATION OF COMPLETION**

Name  Title

State Association

Signature

Date Upgrade Requirements Met --  
MO DAY YEAR

*(Check only one box)*

New Referee     Recertification     Upgrade     Transfer     Other

**UPGRADE GAME EXPERIENCE**

Date	Assessor	Score	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>