



Western Maryland Lacrosse Officials Association Inc.

Membership Application

Your Name		Sport you officiate (Boys, Girls, Both)	
Street Address		Social Security Number	
City		State	Zip
Date of Birth	US Lacrosse Member Number		Expiration Date
Your Phone Numbers:	Evening	Daytime	Cell
Your Email Address:			Pager
			Fax
			Latest time we can call (PM):

Please describe your training as a lacrosse official:

Date and Location of Initial Training	Instructor	Date and Location of Other Training	Date and Location of Other Training
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I (or my parent or guardian if I am under 18 years of age) understand and agree that:

- (a) I am considered an Independent Contractor, and that I am therefore free to accept or decline any game assignments offered to me by any assignor, including those working on behalf of the Western Maryland Lacrosse Officials Association Inc. (WMLOA).
- (b) I authorize WMLOA to collect game fees on my behalf. I understand that WMLOA shall not be responsible for withholding any taxes, and that I shall have no claim against WMLOA, its assignors, officers client teams, leagues or otherwise for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind.
- (c) In the event that fees for my assignments total \$600 or more in a calendar year, WMLOA will report this as miscellaneous income to the IRS and furnish me a copy of Form-1099-MISC.
- (d) I shall decline or turn back any assignment at least 72 hours prior to its scheduled start or I shall be liable for payment of a penalty fee.
- (e) I will uphold the principles of good sportsmanship and fair play endorsed by US Lacrosse and WMLOA's clients.
- (f) I agree to promptly pay dues, fees, and other assessments as required by WMLOA, and select one of these options:
 - 1. I authorize WMLOA to deduct dues, fees, and assessments from game fees collected on my behalf, including fees in advance of the following season. I understand that this shall remain in force unless and until I notify WMLOA in writing of my desire to revoke this authorization.
 - 2. I do not authorize WMLOA to deduct dues, fees, and assessments from game fees collected on my behalf. (Unless you specify otherwise, this is the default action).
- (g) Officiating is a strenuous and dangerous activity. I assume all risk of any liability for injury or damage sustained against my person or property while acting in my capacity as an official or while in transit to or from a game. Further, I agree to indemnify WMLOA, its assignors, officers, client teams, leagues and otherwise from any and all liability which results from my intentional or negligent conduct, while acting in my capacity as an official, or while in transit to or from a game.
- (h) I am required to obtain and maintain liability insurance in the amount of at least one million dollars per occurrence covering my acts as an assigned official. Membership in US Lacrosse as an official is also required. By completing this form and providing WMLOA with my US Lacrosse membership number and information regarding my availability to officiate games, I signify that I have fulfilled this requirement.

Signature	Date Signed
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COMPLETE THIS SECTION IF YOU ARE UNDER AGE 18:	Name of school you attend	Grade
	Signature of Parent or Guardian	Date Signed

SPACES BELOW FOR WMLOA USE ONLY:		
Membership Approved by:	Date Approved	Payment: Cash/Check #
		Amount