The Southern Independent Conference Officials Association – SICOA
Game Officials Registration Form

www.sicoaofficials.com / info@sicoaofficials.com

Check Box That is Applicable:
- ☐ *Returning Official/Member*
- ☐ *New Official / No Exp*
- ☐ *Transfer Official With Exp*
- ☐ *Student Official (U-18 yrs)*
- ☐ *ECO Only*

Football Season

2016

2016 Registration Fee - $55.00

PLEASE PRINT LEGIBLY

STEP 1: Biographical Information

Last | First Name

Mailing Address | City & Postal Code

E-Mail Address

Home Phone Number | Cellular Phone Number

Date of Birth (*dd/mm/yyyy*)

- - - - - - X X X - - -

SSN if for submission of background check verification purposes only
*****Returning Members Only Will Be Charged A Late Fee***

STEP 2: Affiliated Game Experience

LEVEL	POSITION	YEARS EXP
Flag Football		
Youth Football		
Jr. High/ Middle Sch.		
Junior Varsity HS		
Varsity HS		
Minor League		
Collegiate		
Indoor		

Fitted Hate Size in Inches:_____

Shirt Size: **__S __M __L __XL __XXL __XXXL**

STEP 3: Criminal Background Disclaimer & Jessica Lundsford Act Verification

a) Have you ever been arrested for a felony?
___YES ___NO

If you fail to answer this question, your application will be Automatically rejected and fee forfeited.

b) Have you completed and passed a fingerprinting and Level 2 Background Check in accordance with the Requirements set forth by the Florida Legislature?
____YES ____NO

c) If you answered yes to "b", what year and what school District did you complete this process.

_____

_____

If you answered yes to "a", please provide information

STEP 4: Information Certification & Registration Agreement

By completing this registration form and joining SICOA as a contest official, I understand that I am eligible to officiate at the appropriate level of competition indicated by my experience, but fully understand that there are no assurances of any game assignments. Further, I under understand that my membership is based on my successful completion and passing of an FBI fingerprinting and Level 2 Background Check in accordance with the Jessica Lundsford Act that was put into law by the Florida Legislature. I also understand that I must be a member of the Florida High School Athletic Association, and take the 2015-2016 FHSAA on-line rules examination. My membership with SICOA does not create an employment contract as I am an independent contractor and thus responsible solely for all expenses, fees and taxes. I will abide by all rules and policies of the association. I attest all information provided is truthful and accurate. SICOA membership runs 1-1 to 12-31, with an annual non-refundable fee of $55.00 which must be submitted with this form. Please make check / money order payable to SICOA. We do not accept cash.

_____
Your Signature

_____
Date Submitted

d) Have you ever had your membership with any other officials association canceled, suspended or revoked?
_____YES _____NO

SICOA honors the FHSAA policy on dual memberships with other associations. We book officials with primary assignments given to those that list SICOA as their Primary FHSAA Association. If you intend to Primary with another sanctioned association, please list them below:

Mail this completed form and your membership fee ($55) payable to SICOA to:

SICOA – PO Box 47651, Tampa, Florida 33646-0114