

**The Southern Independent Conference  
 Officials Association – SICOA  
 Game Officials Registration Form**  
[www.sicoaofficials.com](http://www.sicoaofficials.com)  
[info@sicoaofficials.com](mailto:info@sicoaofficials.com)

Check Box That is Applicable:	
<input type="checkbox"/>	Returning Official/Member
<input type="checkbox"/>	New Official / No Exp.
<input type="checkbox"/>	Transfer Official with Exp.
<input type="checkbox"/>	Student Official (U-18 yrs.)
<input type="checkbox"/>	ECO Only

**Football Season  
 2017**

**Registration Fees:  
 \$55**

**\*\*Returning Members Only Will Be  
 Charged A Late Fee**

**Step 1: Biographical Information**

Last	First	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Correspondence Address:

Email Address:

Home Phone Number:  Mobile Phone Number:

Date of Birth:  Last 4 SSN

*SSN if for submission of background check verification purposes only*

**Step 2: Affiliated Game Experience**

Level	Position	Experience
Flag Football		
Youth		
Jr. HS/Middle Sch		
Junior Varsity HS		
Varsity HS		
Minor Leage		
Collegiate		
Indoor		

Fitted Hat Size in Inches

Shirt size:            S                    M                    L  
                               XL                    XXL                   XXXL

**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 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 \$50.00 which must be submitted with this form. Please make check / money order payable to SICOA. We do not accept cash.*

**STEP 3: Criminal Background Disclaimer &  
 Jessica Lundsford Act Verification**

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.

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

If you answered yes to "b", what year and what school District did you complete this process?  
 \_\_\_\_\_

Have you ever had your membership with any other officials association canceled, suspended or revoked?  
 \_\_\_\_\_

*If you answered yes to "a", please provide information*  
 \_\_\_\_\_

*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:*

\_\_\_\_\_

\_\_\_\_\_ *Your Signature*

\_\_\_\_\_ *Date Submitted*

*Mail this completed form and your membership fee (\$55) payable to SICOA to:  
 SICOA – PO Box 47651, Tampa, Florida 33646-0114*