



(Appendix 7 – Referee Contact Details)

OZTAG REFEREE CONTACT DETAILS

AO requests that Associations have new referees fill out the below details and a copy be emailed or faxed to head office so details can be entered into our National Data base.

REFEREE INFORMATION		
ASSOCIATION:	SEASON:	
FULL NAME:		
ADDRESS:		
CITY:	STATE:	P/C
MOBILE:	DOB:	
EMAIL:		

PREVIOUS REFEREEING EXPERIENCE (LEAGUE, TOUCH FOOTBALL, SOCCER ETC)
CODE:
YEARS INVOLVED:
LEVEL REACHED:
AGES REFEREED:
ARE YOU INTERESTED IN ACHIEVING A HIGHER LEVEL & REFEREEING AT REPRESENTATIVE TOURNAMENTS? Y / N

UNIFORM SIZE		
SHIRT:	SHORTS:	SPRAY Jacket:

MEDICAL- (CONFIDENTIAL)		
MEDICARE NO.:	PRIVATE HEALTH COVER: Y N	
FUND:	LEVEL:	
MEMBER NO.:	ASTHMA: Y N	
ALLERGIES:		

Please list any other relevant medical condition:

Medical Privacy Statement

The above information will only be used for the purpose of providing medical details to authorized staff, first aid officer, doctor or ambulance officer. The information will not be used or disclosed for any other purpose and will be held securely. The information will be provided to staff on a need to know basis only and the privacy of the individual will be respected.

Yes, I agree to my details being passed on in the case of an emergency.

SIGNATURE: _____ DATE: _____