



Shawnee County Athletics
300 NE 43rd
Topeka, KS 66617
785-286-3358
Fax: 785-246-0804
Hotline: 785-291-4938 www.snco.us

Official's Information Sheet

Please specify sport you are applying to officiate: ___ Softball ___ Soccer ___ Basketball
___ Baseball/tball ___ Flag Football ___ Volleyball

Name _____ Address _____

City/Zip _____ Phone- Home _____

Work _____ Cell _____ D/O/B _____

Email _____ Social Security# ____~____~____

Certifications _____

Association Memberships _____

Availability: M T W Th F Sa Su Nights___ Wknd___ Anytime___

Park Preference: North___ South___ Shawnee___ Yrs w/ SCPR: 1st___3rd___ 6+___

SCPR agrees to:

- Pay the official via voucher check the rate of \$___ per game
- Provide a copy of rules and procedures for given sport
- Make cancellation information available via www.snco.us (field conditions) or the hotline phone

Print Name _____ agrees to:

- Notify the department of scheduling conflicts, personal changes, problems encountered during the activity, requests, etc.
- Find his/her own qualified replacement, then contact us with replacement's info.
- Adhere to SCPR rules, regulations, policies, and procedures, which govern play of the activity including playing rules of associations.
- Represent the department and league in a professional manner and wear the appropriate uniform and equipment.
- Provide personal accident and/or liability insurance policy

NOTICE: SCPR Athletics reserves the right to dismiss an official at anytime without notice.
I have read the above, understand, and agree that the information listed is above is correct.

Signature _____ Date ___/___/20___

Parent Signature _____ (if 14-17 yrs of age)