INTRAMURAL OFFICIALS’ APPLICATION

SPORT: _________________________________________

1. Name:______________________________________________
2. Box:_____________      3. Cell phone: ________________
4. E-mail address:_________________________
5. Classification:_________________________________________
6. List all experience playing this sport:_________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
7. List all experience officiating this sport: ______________________________________
   _______________________________________________________________________
   _______________________________________________________________________
8. List all training, certifications, etc. you have received for officiating this sport:
   _______________________________________________________________________
   _______________________________________________________________________
9. Are you covered by health insurance?______ If yes, is it under your parents plan?____
   Is it insurance provided by the college?_________  Other? (explain):
   _______________________________________________________________________
   _______________________________________________________________________
10. Do you have a good knowledge of the rules of this sport?_______________________
11. Why did you apply to be an official:_________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
12. What qualities do you possess that make you a good official?: ___________________
   _______________________________________________________________________
   _______________________________________________________________________

I have read the release on the back of this form and agree to the terms of the release:

SIGNATURE: _____________________________________

Please complete the attached forms and return to MSAC 1014 or to box 71956. The application
is not complete unless all attached forms are filled in and returned.
Thank you for your interest in intramural officiating.
CARSON-NEWMAN
INTRAMURALS

Release and hold harmless agreement

By signing one’s name to the officials application on the front of this form, each individual agrees to be bound by the following:

I am a student, faculty member, staff member, family member of a faculty or staff person, or spouse of a student at Carson-Newman College and I desire to voluntarily participate in officiating the sport listed on the front side of this form. I understand that participation in officiating this sport involves risks and could result in injury or loss or damage to personal property.

I agree to accept all risks of participation and release the Board of Trustees of Carson-Newman College from any claim for injury arising out of my participation in officiating said sport. I also agree to indemnify and hold harmless the said Board of Trustees of Carson-Newman College, its officers, agents, or employees from any claim which may be made against them arising from my participation in officiating said sport, including court costs and attorney’s fees. I hereby certify that to the best of my knowledge I am in good health and am physically capable of actively participating in officiating said sport.
OFFICIALS AVAILABILITY SCHEDULE

NAME:________________________ SPORT: __________________
PHONE:_______________________ BOX:______________

PLEASE CHECK APPROPRIATE ITEMS:

1. I play for an intramural team in this sport: _____ yes _____ no
   If yes, the name of the team is: _________________________________

2. I play for the CN varsity team in this sport (or related sport) _____ yes ____ no

3. On the chart below, place an “X” in the time blocks when you are NOT available to officiate each week. (Unmarked time blocks therefore, indicates times that you are available to officiate). Consider classes, work, practices, etc. when completing the chart.

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4. In addition to the times on the chart, other specific dates or times I am not available include:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Return completed availability schedule and officials’ application to MSAC 1014 or to box 71956. Thank you.
The intramural official agrees to:

1. Attend all clinics or officials meetings conducted by the intramural department and study the rules for the sport being officiated.
2. Be on time to all assigned games.
3. Act in a professional manner while officiating intramural contests.
4. Check the officials schedule posted by e-mail and on the IM board each week.
5. Find a qualified replacement for all assigned games you are unable to officiate.
6. Follow the procedures outlined for pre, during, and post-game responsibilities.
7. Report any major problems encountered during a game to the field supervisor on duty and to the intramural office.
8. Be responsible for game equipment while officiating.
9. Have health insurance coverage with the college or with another carrier.
10. Give the intramural office a minimum 48 hour notice in case of resignation.
11. Accept the rules, regulations, schedules and decisions as determined by the intramural office.
12. Hold harmless Carson-Newman College, its Board of Trustees, employees, and agents in case of personal injury received while officiating intramural games at Carson-Newman College. The official agrees that intramural officiating is voluntary and that certain risks are involved. The official agrees to accept all risks.

The Intramural Office agrees to:

1. Provide some officials training to interested persons.
2. Provide officiating opportunities through intramurals for interested persons.
3. Provide the basic officiating equipment needed by intramural officials.
4. Pay the intramural official a pre-determined rate for each game officiated.

I have read and understand the terms of this agreement and am willing to comply with all points stated herein:

Signature of Intramural Official: ________________________________ Date: _______

Signature of Intramural Director: ________________________________ Date: _______

Please turn this agreement in with your application to the intramural office (MSAC room 1014) or to CN box 71956. Thank you.