

Please Cut Along Dotted Line

2024-25 WIAA SPORT OFFICIAL RECIPROCITY LICENSE APPLICATION

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION, 5516 Vern Holmes Dr., Stevens Point, WI 54482-8833

Occupation _____

TELEPHONE NO's (Include Area Code) _____

These numbers will be published in the on-line Officials Directory unless otherwise noted.

HOME _____

CELL _____

Male _____ Female _____ Date of Birth _____

EMAIL ADDRESS (Required)

Have you ever been charged with a felony or any type of assault?

Yes _____ No _____

Would you prefer: E-Book _____ Paper Book _____

Click box if you **do not** want your contact information shared with rSchoolToday, our preferred partner for officials assignments and directory features utilized by member schools. *Note: Selecting this option may result in diminished number of assignments.*

APPLICANTS – Please print NAME, MAILING ADDRESS, and ZIP CODE below.

Check sports in which you wish to be licensed.

| | |
|--------------------------------------|--|
| BASEBALL | |
| BASKETBALL | |
| FOOTBALL | |
| GYMNASTICS | |
| HOCKEY | |
| LACROSSE - B | |
| LACROSSE - G | |
| SOCCER | |
| SOFTBALL | |
| SWIMMING & DIVING | |
| TRACK & FIELD | |
| Do you also officiate cross country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| VOLLEYBALL | |
| WRESTLING | |

RECIPROCITY FEE

\$10.00

ENCLOSE COPY OF HOME STATE OFFICIAL'S LICENSE

Fold on Line

I hereby certify that I have an accurate and working knowledge of the rules and officiating mechanics of the sport(s) in which I desire to be licensed as an official. I will uphold all WIAA's policies, including those of promoting wholesome amateur athletics in the member schools of Wisconsin and conducting them in an atmosphere of sportsmanship, free from gender and ethnic bias. I clearly understand that: I am acting as an independent contractor and not as an employee of the WIAA or its member schools. By submitting this application, I agree to review the WIAA Guide for Officials, found on the WIAA website, and will abide by terms and conditions stated in this Guide.

Please Sign

Applicants Signature **X**

Please Cut Along Dotted Line

Please return completed form along with payment and home state officials license to:

**WIAA
5516 Vern Holmes Dr.
Stevens Point, WI 54482**