**THE BROWARD COUNTY ATHLETIC ASSOCIATION APPLICATION TO OFFICIATE 2025-2026**

(Please print legibly and provide ALL answers)

**SPORT - SOCCER \_\_\_\_\_\_\_\_\_**Check if you are **NEW** to BCAASO

Official’s Name (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Address : YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Florida Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (Month)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Day)\_\_\_\_\_\_\_\_\_\_\_(Year)\_\_\_\_\_\_\_\_\_\_\_\_Student Official : Y \_\_\_\_ N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # with Area Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Florida Home Phone # with Area Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have the FHSAA Aqua Jersey: YES\_\_\_\_\_NO\_\_\_\_\_ Shirt Size: XS S M L XL 2XL 3XL

**Current Broward County Public School Employee – YES / NO Current Law Enforcement Officer – YES / NO**

**\*NEW Officials and Returning officials who have recently RENEWED your JLA Badge for 25-26 season, attach a paper copy of the badge to this application or send me a paper copy via US MAIL: Al Grimaldi 8208 NW 11th Street Coral Springs FL 33071 (Please do not send electronically!)**

**2025-26 DUES: New Officials and Returning Officials who attended 2 or less meetings in 2024-2025 - $80.00 / Officials who attended at least THREE or more meetings last year $60.00. If unsure, call or e-mail Al Grimaldi- BCAASO Assignor 561-305-7732. adalbertogrimaldi@yahoo.com**

**Check #\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_ NO CASH----CHECKS OR M.O. Payable to BCAASO or ZELLE at BoardBCAASO@gmail.com**

**No FHSAA official may officiate a contest involving a school in all the following stipulations within the last four (4) years: 1. His /her child or immediate relative attends or attended. 2. The official himself/herself and /or a relative works or worked. 3. The official attended, graduated or coached.**Please list below all schools where you **should not**be assigned to officiate. (Middle and High Schools)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SARS-CoV-2 (COVID19) Acknowledgement**

**I hereby acknowledge and affirm that it is my duty to immediately report to BCAA-SO and the Booking Commissioner(s) if I may have any symptoms, believe to have been exposed to, or have SARS-CoV-2 (COVID19). My responsibility is ongoing and I understand that this specifically applies to all officials at any time and especially those who have already been assigned games and then find out or become sick.**

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

**By US MAIL-send the following to Al Grimaldi 8208 NW 11th Street Coral Springs FL 33071**: **1**. Completed Application to Officiate **2**. Check or M.O. for dues **3**. Paper copy of your JLA Badge **ONLY** if you are **NEW** or Badge is **NEW.**

**\_\_\_\_\_\_\_\_\_\_Check if you can officiate games beginning at 4:00 P.M.**

**Do Not Write Below This Line!**

Date Dues Paid \_\_\_\_\_\_\_\_\_\_\_Dues Check #\_\_\_\_\_\_\_\_\_\_\_Dues Amount\_\_\_\_\_\_\_\_\_\_\_\_JLA Badge Expires\_\_\_\_\_\_\_\_\_\_\_\_FHSAA Registered\_\_\_\_\_\_