

# AYSO Application for Intermediate Referee Certification

**PLEASE RETAIN A COPY OF THIS FORM AS YOUR RECORD OF COMPLETED TRAINING**

*Thank you for volunteering your time as an AYSO referee. The AYSO National Referee Program provides training to enable volunteers to officiate an AYSO soccer match under IFAB Laws of the Game and the AYSO National Rules and Regulations.*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Section** \_\_\_\_\_ **Area** \_\_\_\_\_ **Region** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of Birth** (if under 18) \_\_\_\_\_ **Admin ID:** \_\_\_\_\_

➔ **Instructors: sign below for either the entire course or individual modules.**

	Authorizing Printed Name, Title, Signature	Date
<b>CANDIDATE COMPLETED THE ENTIRE COURSE</b>	Lead Inst:	
Mod. 1: Understanding More Physically Demanding and Challenging Matches	Lead Inst:	
Mod. 2: Fouls and Misconduct-Intermediate	Lead Inst:	
Mod. 3: Offside-Intermediate	Lead Inst:	
Mod. 4: Interaction with Coaches & Spectators	Lead Inst:	
Mod. 5: The Referee Team & Diagonal System	Lead Inst:	
Mod. 6: AYSO National Referee Program	Lead Inst:	
<b>Intermediate Referee Examination</b>	Exam Admin:	
<b>Observation</b> Level: _____	Assessor or Mentor:	

I have completed all requirements for certification Intermediate Referee.

Cumulative matches as Referee:      8U \_\_\_\_\_ 10U \_\_\_\_\_ 12U \_\_\_\_\_ 14U \_\_\_\_\_ 16U \_\_\_\_\_ 19U \_\_\_\_\_

Requirement: Intermediate - 25 with 5 in 12U

Cumulative matches as Assistant Referee:      8U \_\_\_\_\_ 10U \_\_\_\_\_ 12U \_\_\_\_\_ 14U \_\_\_\_\_ 16U \_\_\_\_\_ 19U \_\_\_\_\_

Requirement: Intermediate – None.

I certify that my game count is correct.

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**Applicant's Signature**

**Date**

**Send a copy of this completed form to your Area Referee Administrator or Area Director of Assessment.**

I verify that the above referee has completed all requirements for certification as Intermediate Referee

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**Area or Section Referee Administrator  
Or Director of Assessment Printed Name**

**Area or Section Referee Administrator  
Or Director of Assessment Signature**

**Date**