



Serving Hillsborough, Pasco, & Hernando Counties

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Application for Membership
2011-2012

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____ Home Phone () _____

Cell Phone: () _____ Email: _____

Date of Birth: ____/____/____ SSN: ____-____-____

Experience (yrs. completed):

WCWO: _____

Florida: _____

Other (specify): _____

Total Experience: _____

Registration Fee: \$50 Student Fee: \$10
Late Fee (after 10/18/11): Add \$20
FP Credit: _____
Amt. Paid: _____
Rvcd. By: _____
Pmt. Method: _____

By my initials & signature below, I acknowledge that my membership in WCWO is conditional upon the following (initial each space prior to each section and then sign and date below) :

- 1. I agree to read and abide by the by-laws of the West Coast Wrestling Officials, Inc., and the policies and guidelines of the FHSAA and NFHS, including but not limited to my consent and compliance with a Level 2 Background Check which includes fingerprinting; my obligation to provide an accurate and timely list of my available work times; to arrive to my scheduled events on time; to always wear the proper uniform, be neatly groomed, and have in my possession all necessary materials and equipment; and to at all times display appropriate behavior and demeanor as to represent the WCWO and FHSAA in a professional manner. I acknowledge and agree that failure to do so may result in disciplinary action which may include fines, suspension, or both.
2. I agree to register and remain in good standing with the FHSAA (except in the case of a permissible leave of absence or honorary membership).
3. I agree to develop myself as a quality official, including actively participating in training activities, meetings, and attending required FHSAA clinics.
4. I agree to timely notify the Assignment Officer or other Board Member of any situation which requires me to do so, including scheduling conflicts, conflicts of interest, cancelled, postponed, or delayed events, unsportsmanlike conduct situations, and any situation(s) occurring with a coach, athlete, or any participant or fan which may necessitate further involvement from WCWO.
5. I understand that payment by WCWO for my services provided during the wrestling season at WCWO contracted schools will be provided to me: following the conclusion of the regular season & post-season; on date(s) published by the financial committee; and ONLY after all funds have been collected from all WCWO contracted schools.

Applicant Signature: _____ Date: _____