



15 Bridle Lane
Westborough, MA 01581
(508) 366-1562
www.northstaricesports.com

RE: NORTHSTAR REFEREE APPLICATION

NorthStar Ice Sports policy on payroll and paying Referee dues.

- *Referee Dues (\$40) are due on February 1st (once \$200 has been earned)
- *Payroll checks will be direct deposited into your account every two weeks
- *Payrate sheets will be available after application has been accepted
- *Please make sure your signature is on all game sheets - mandatory
- *If refereeing alone the pay rate is time and a half (score sheets must verify this info)
- *Please return your application to JoAnne Bliss

Referee Dues

_____ \$40.00 payable to NSHOA (NorthStar Hockey Officials Association)
deadline FEB. 1st

List of paperwork to be completed and returned to JoAnne Bliss. Applications will not be accepted if forms are missing or information is not completed.

- _____ Referee Application
- _____ Independent Contractor Agreement
- _____ Availability
- _____ New Hire and Independent Contractor Reporting Form
- _____ Direct Deposit Form

IMPORTANT! Payroll is determined by your online schedule. It is your responsibility to make sure it is accurate. Please let me know of any discrepancies.

EMAIL: Please contact JoAnne Bliss for billing or scheduling questions at JBliss@NorthStarIceSports.com



REFEREE APPLICATION

TODAY'S DATE: _____

PLEASE CHECK: NEWAPPLICATION RENEWAL APPLICATION

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL (_____) _____

DATE OF BIRTH _____ AGE _____

IF YOU ARE 14 – 17 YEARS OF AGE, YOU WILL NEED TO OBTAIN AND SUBMIT A WORK PERMIT IF HIRED.

E-MAIL: _____

PLEASE NOTE ALL CORRESPONDENCE & PAYCHEX IS DONE THRU EMAILS SO PLEASE CLEARLY PRINT EMAIL ACCT

USA HOCKEY # _____

*ALL REFEREES MUST BE REGISTERED WITH THE USA HOCKEY OFFICIATING PROGRAM and ATTEND A SANCTIONED USA HOCKEY OFFICIALS SEMINAR EACH YEAR.

NIHOA Yes / No If yes, Chapter: _____

CLASSIFICATION LEVEL (PLEASE GIVE DATE COMPLETED) –Complete means met all criteria; testing and seminars)

Level 1: _____

Level 2: _____

Level 3: _____

Level 4: _____

PRIOR REFEREE EXPERIENCE:

I HAVE RECEIVED, READ, UNDERSTAND, AND AGREE TO ABIDE BY NORTHSTAR ICE SPORTS "2020 RETURN TO HOCKEY" PROTOCOLS:

SIGNATURE

RETURN FORM TO:

North Star Ice Sports 15 Bridle Lane / Westborough, MA 01581 OR E-mail: 1jbliss@northstaricesports.com



REFEREES

Please check **ALL** the time slots you are “eligible” and available to referee.

Reminder – you must be at least 14 years old to referee.
A **Work Permit** is required if you are 14 – 17 years old.

NAME: _____ Cell # _____

Email: _____

NIHOA: YES / NO USA HOCKEY: LEVEL: _____ DATE PASSED: _____

I AM CURRENTLY QUALIFIED TO REFEREE: (CHECK ALL THAT APPLY)

- MITES [] SQUIRTS [] PEE WEES [] BANTAMS []
- NSH (AAA/AA TRAVEL TEAMS) [] MEN'S/WOMEN'S LEAGUES []
- *****

Days Available to work:

- MONDAY []
- TUESDAY []
- WEDNESDAY []
- THURSDAY []
- FRIDAY []
- SATURDAY Morning [] Afternoon [] Evening []
- SUNDAY Morning [] Afternoon [] Evening []

HOLIDAY SCHEDULE Available to work:

- Columbus Day []
- Veterans Day []
- Friday after Thanksgiving []
- New Years Day []
- Presidents Day []
- Christmas Vacation []
- February School Vacation []

Northboro Youth Hockey Program, Inc
d/b/a NorthStar Ice Sports

Independent Contractor Agreement

This Independent Contractor Agreement (the "Agreement") is entered into by the Northboro Youth Hockey Program, Inc Westborough, Massachusetts, (the "Rink")

and

_____ the Independent Contractor, (the "Referee"/"Scorekeeper")

WHEREAS, the Rink requires the services of a Referee/Scorekeeper to officiate it's hockey games
WHEREAS, the Referee/Scorekeeper has experience and expertise necessary to provide the aforementioned services to the Rink;
WHEREAS, the Referee/Scorekeeper wishes to provide the aforementioned services to the Rink.
NOW, THEREFORE, in consideration of the mutual promises and agreements contained in this agreement, the Rink and the Referee/Scorekeeper, agrees as follows:

1. COORDINATION OF SERVICES

a. The Rink shall use its best efforts to arrange schedules in a way that minimizes the Referee's/Scorekeeper's travel time and other associated costs. The Referee/Scorekeeper acknowledges, however, the Rink is dependent on other entities for scheduled ice times and such ice time may NOT be available at convenient times for the Referee/Scorekeeper.

b. The Referee/Scorekeeper agrees to notify the Rink as soon as possible if they are unable to perform the services requested at a scheduled time, and to use their best efforts to assist the Rink in obtaining a competent substitute individual to provide the requested services.

2. TERM and TERMINATION

The term of this Agreement shall commence on September 1, 2020 and shall continue for period of one (1) year, through and including August 30, 2021 (the "term"). Either the Rink or Referee/Scorekeeper may terminate this Agreement prior to its expiration by providing written notice to the other.

3. COMPENSATION

The Referee/Scorekeeper will be compensated every two weeks. The Rink shall not be liable to the Referee/scorekeeper for any loss of fees resulting from canceled ice time, inclement weather or game changes.

4. INDEPENDENT CONTRACTOR STATUS

The parties agree that the Referee/Scorekeeper will be an independent contractor for all purposes and that the Referee/Scorekeeper will not in any way represent that they are an employee or officer of the Rink. The Referee/Scorekeeper is not a partner, joint venturer or agent of the Rink, nor does the Referee/Scorekeeper have any right or authority to incur, assume or create, in writing or otherwise, any warranty, liability, or other obligation of any kind, express or implied, in the name of or on behalf of the Rink.

5. TAXES and BENEFITS

The Referee/Scorekeeper will not be entitled to participate in, or receive any benefit or right as an employee under any employee benefit or welfare plan of the Rink. The Referee/Scorekeeper will have sole responsibility for payment of all federal, state and local taxes or contributions imposed or required under unemployment insurance, social security and income tax laws and for filing all required tax forms with respect to any amounts paid by the Rink to the Referee/Scorekeeper pursuant to this Agreement. The Referee/Scorekeeper will indemnify and hold the Rink harmless against any claim or liability (including penalties) resulting from failure of the Referee/Scorekeeper to pay such taxes or contributions or file any such tax forms.

6. WARRANTIES

The Referee/Scorekeeper warrants that their agreement to perform services under this agreement does not violate any other agreement or obligation between the Referee/Scorekeeper and a third party.

Executed under seal on today's date _____

INDEPENDENT CONTRACTOR Northboro Youth Hockey Program, Inc

Signature

Print Name



Form NHR New Hire and Independent Contractor Reporting Form

Rev. 03/07
Massachusetts
Department of
Revenue

TO ENSURE ACCURACY, PRINT (OR TYPE) NEATLY IN UPPER-CASE LETTERS AND NUMBERS, USING A DARK, BALLPOINT PEN.

Employee Information

FIRSTNAME*	MI	LASTNAME*	
SOCIALSECURITY NUMBER*	DATE OF HIRE OR REINSTATEMENT*		
ADDRESS*			
CITY/TOWN*	STATE*	ZIP*	+4 (OPTIONAL)

IT'S THE LAW! - Massachusetts regulations requires employers with 25 or more employees to report their new hires and independent contractors electronically.

For more information, go to www.mass.gov/dor and select the **Report New Hires** link located in the **Online Services** section.

Employer Information

EMPLOYER IDENTIFICATION NUMBER- 04-2598584

CORPORATE NAME*
NORTHBOROUGH YOUTH HOCKEY PROGRAM, INC. (DBA) NORTHSTAR ICE SPORTS

PAYROLL ADDRESS TO WHICH THE INCOME WITHHOLDING ORDER WILL BE SENT*
15 BRIDLE LANE
WESTBOROUGH, MA 01581

NOTE: All fields on this form with an * are mandatory fields. Please ensure all information entered is legible and accurate prior to submitting the form to DOR.

Helpful Hint: Once you have completed your employer information, you may copy this form to save time when reporting future new hires and independent contractors.

NSIS will Send Completed Form NHR to:

Massachusetts Department of Revenue, PO Box 55141, Boston, MA 02205-5141 or,
you may fax the completed form to 617-376-326

****NEW HIRES MUST COMPLETE.

"RENEWALS" PLEASE COMPLETE YOUR NAME/ADDRESS/DATE IF NO CHANGES NEED TO BE MADE.

NORTHBORO YOUTH HOCKEY PROGRAM, INC. Direct Deposit Sign-up/Change Form

PLEASE PRINT IN BLACK INK ONLY

Date:_____

Workers Name:_____

Address:_____

Email: (please print clearly)_____

Social Security Number _____ - _____ - _____ DOB_____

Name of Bank:_____

Routing #:_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____

Account #:_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____

Type of Account: _____Checking _____Savings

If having pay split into two different accounts, please fill out below:

Routing #_____ Account #_____ Type_____ Dollar amount_____ % Amount_____

Routing #_____ Account #_____ Type_____ Dollar amount_____ % Amount_____

Please attach one of the following for Checking or Savings accounts (check one):

_____Voided check with name imprinted (no starter checks)

_____Deposit slip (only accepted if the verbiage "ACH R/T" appears before routing number)

_____Bank letter or specification sheet (the signature of your local bank representative MUST BE INCLUDED)

WORKER CONFIRMATION STATEMENT

I authorize my employer to deposit my wages/salary into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the account holder to authorize my employer to make direct deposits into the named account.

Workers
Signature_____ Date_____

Accountholder Signature_____

(if workers name does not appear on bank documentation)



2020 Guidelines for Participation RETURN TO HOCKEY GAMES

At the Rink

- By attending game, you certify that you have not shown any signs or symptoms of COVID-19 in the past 14 days. (fever, cough, shortness of breath, chills, muscle pain, headache, sore throat, or a new loss of taste or smell).
- Limited spectators are permitted. (TBD)
- Arrive only 15 minutes before your game.
- Enter the rink as dressed as possible, to reduce the amount of time spent in the locker rooms.
- 6' of distance must be kept from others whenever possible while in the building, including in locker rooms and on the benches.
- Sanitize your hands when entering and exiting.
- Follow all posted signs at the rink, and direction from rink staff.
- Locker room will be reduced to 50% capacity to allow 6' of distance when changing. Benches and chairs outside of locker room will also be available.
- Use of shower facilities is not permitted.
- Leave the rink soon after the game ends.
- Do not congregate inside or outside of the rink.

During the Game

- On the ice is the only time that you may remove your face covering.
- 6' of distance must be kept from others whenever possible on the benches.
- Keep distance from others beyond what is expected during play.
- Refrain from talking on the ice and benches, unless absolutely necessary. Arguing of calls will not be tolerated.
- Spitting is not permitted on the ice or anywhere else.
- Do not share water bottles. If you bring a water bottle, please clearly mark it with your name.
- Postgame handshakes are not permitted.

Contact Tracing Enablement

- If a player or someone close to him/her tests positive for COVID-19 within 14 days after their game, s/he must notify NorthStar immediately.

NORTHSTAR REFEREE GUIDELINES

- All officials MUST wear facemask at all times and use an electronic whistle
- On all faceoffs, centers must have on mask (referees are responsible for this as you control the ice)
- All hockey is no check - the checks must be called as penalties. If the puck is getting tied up in the corner you must quick whistle to stop players from bunching up.
- Only one player in the penalty box at a time - if you call another with someone in the box, they go to the players bench -- if you have a whistle and if the penalty box is now empty they can now go to the box.
- Players on the bench must stay 6 feet apart and wear mask. This is the rink, league, coach responsibility. However, if you happen to see a problem please remind coach of the guidelines. We are all in this together and want to provide the safest environment as possible.

GENERAL

- Rink Staff will continuously clean front doors, door handles, etc. During ice cuts, Zamboni drivers are required to wear a face mask and gloves as well as during all cleaning and disinfecting of common areas (bathrooms, doors, handles, benches, etc.). Only one person is allowed in the bathroom at a time.
- **NorthStar Ice Sports** will continue to follow USA Hockey, Mass Hockey, & State of MA/local guidelines pertaining to Covid-19 protocols.

NorthStar protocols are subject to change.