



15 Bridle Lane Westborough, MA 01581

(508) 366-1562

[www.northstaricesports.com](http://www.northstaricesports.com)

RE: NORTHSTAR SCOREKEEPER APPLICATION

- \*Payroll checks will be direct deposited into your account every two weeks
- \*Pay rate sheets will be available after application has been accepted
- \*Please make sure your signature is on all game sheets & SCOREKEEPER SIGN IN SHEET
- \*Please return your application to JoAnne Bliss [jbliss@northstaricesports.com](mailto:jbliss@northstaricesports.com)

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

- Scorekeeper Application
- Independent Contractor Agreement
- Availability
- New Hire and Independent Contractor Reporting Form
- Covid Waiver
- **Direct Deposit Form** (New Applicants: NOT REQUIRED UNTIL FIRST GAME IS SCHEDULED. Renewals: ONLY IF INFORMATION NEEDS TO BE UPDATED.)

IMPORTANT! It is your responsibility to make sure you sign all score sheets and score keeper sign-in sheets. Failure to do so will delay payroll.

EMAIL: Please contact Craig Boutilier for all scheduling questions [cboutilier@northstaricesports.com](mailto:cboutilier@northstaricesports.com)



## SCOREKEEPER APPLICATION

TODAY'S DATE: \_\_\_\_\_

PLEASE CHECK:      NEW APPLICATION                    RENEWAL APPLICATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL: ( \_\_\_\_\_ ) \_\_\_\_\_ HOME ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_

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

PRIOR SCORE KEEPER EXPERIENCE: (PLEASE LIST GAME LEVELS)

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**\*Applicant is not considered "hired" until first game is scheduled.**

**RETURN FORM TO:**

North Star Ice Sports 15 Bridle Lane / Westborough, MA 01581 OR E-mail: [jbliss@northstaricesports.com](mailto:jbliss@northstaricesports.com)

FOR OFFICE USE:

(DOH) \_\_\_\_\_



## SCOREKEEPERS

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 INTERESTED IN SCOREKEEPING THE FOLLOWING GAMES: (CHECK ALL THAT APPLY)

MITES [ ]                      SQUIRTS [ ]                      PEE WEES [ ]                      BANTAMS [ ]

NSH (AAA/AA TRAVEL TEAMS) [ ]                      MEN’S/WOMEN’S LEAGUES [ ]

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I cannot scorekeep any games beginning later than: \_\_\_\_\_ PM (leave blank if you can work any time)

Days/Evenings 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 [ ]

**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, 2021 and shall continue for period of one (1) year, through and including August 30, 2022 (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

FIRST NAME*	MI	LAST NAME*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SOCIAL SECURITY NUMBER*		DATE OF HIRE OR REINSTATEMENT*	
<input type="text"/>		<input type="text"/>	
ADDRESS*			
<input type="text"/>			
CITY/TOWN*	STATE*	ZIP*	+4 (OPTIONAL)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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](http://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

## 2021-2022 COVID WAIVER

I acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by entering NorthStar Ice Sports, and that such exposure or infection may result in extreme illness, permanent disability, and possibly death. I understand that the risk of becoming exposed to or infected by COVID-19 at NorthStar Ice Sports may result from the actions, omissions, or negligence of myself and others, including, but not limited to, rink employees, coaches, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in any activity/program/game/practice held at NorthStar Ice Sports.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless NorthStar Ice Sports, its employees, agents, coaches, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of NorthStar Ice Sports, its employees, coaches, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any NorthStar Ice Sports activity/program/game/practice.

### COVID-19 SYMPTOMS:

I agree I will not enter NorthStar Ice Sports, Westborough MA

**IF:**

I have had a fever or a measured temperature greater than 100 degrees Fahrenheit within the past 24 hours.

I have had a cough or trouble breathing in the last 24 hours.

I have been in close contact with an individual diagnosed with COVID-19 in the past 14 days. (Close contact is defined as living in the same household, caring for, being within 6 feet of, or coming into direct contact with the secretions of a person who has tested positive for COVID-19.)

I have been asked to self-isolate or quarantine by a doctor or public health official.

I have lost my sense of smell and/or taste in the past 14 days.

I do not have any muscle aches, sore throat and or nasal congestion in the past 14 days.

I have been to a high-risk state in the past 14 days.

Name: (please print) \_\_\_\_\_

Please circle:                      Referee                      Scorekeeper

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Cell Number

Date signed: \_\_\_\_\_

# NORTHBORO YOUTH HOCKEY PROGRAM, INC

## Direct Deposit Sign-up/Change Form

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Date \_\_\_\_\_

First Name \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/

MI /\_\_\_/

Last Name\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security # (please enter again) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Of Birth month\_\_\_\_\_ day\_\_\_\_\_ year\_\_\_\_\_

Sex M/F

Address\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_

Zip:\_\_\_\_\_

Email (please print clearly)\_\_\_\_\_

Email (please enter again)\_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Begin contract date:\_\_\_\_\_

### Individual Contractor:

Check one: Coach\_\_\_\_\_ Referee\_\_\_\_\_ Scorekeeper\_\_\_\_\_

### Employee:

Check all that apply:

Part time\_\_\_\_\_ Full time\_\_\_\_\_

Administrative\_\_\_\_\_ Rink C Office\_\_\_\_\_ Zamboni Driver\_\_\_\_\_ Other\_\_\_\_\_

PLEASE COMPLETE DIRECT DEPOSIT BANK INFORMATION ON OTHER SIDE

Account #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Routing #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ (9 numbers)

NAME OF BANK: \_\_\_\_\_

Type of Account:                    \_\_\_\_\_Checking                    \_\_\_\_\_Savings

**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)

Please attach voided check with name imprinted (no starter checks) for checking accounts

**ATTACH CHECK HERE**