



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
- *Pay rate 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
- *Please visit Paychex Flex to create/view your account, many any bank changes, view paystub, etc.**

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

IMPORTANT! Payroll is determined by your online schedule. You will receive login information once your first game is scheduled. 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: [] NEW APPLICATION* [] 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

RENEWAL APPLICANTS: MY BANK INFORMATION IS THE SAME AS THE 2021-2022 SEASON: YES NO

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:

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

22.23

RETURN FORM TO:

JoAnne Bliss North Star Ice Sports 15 Bridle Lane / Westborough, MA 01581

or E-mail: jbliss@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/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, 2022 and shall continue for period of one (1) year, through and including August 30, 2023 (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



NORTHBORO YOUTH HOCKEY PROGRAM, INC

Direct Deposit Sign-up/Change Form

***Please return this form ONLY after your first game has been scheduled!

Please check: NEW APPLICANT _____ RENEWAL (New Information!) _____

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: (date of first game scheduled) _____

Individual Contractor:

Check one: Coach _____ Referee _____ Scorekeeper _____

PLEASE COMPLETE DIRECT DEPOSIT BANK INFORMATION ON THE FOLLOWING PAGE

Name: _____

PLEASE COMPLETE DIRECT DEPOSIT BANK INFORMATION

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

Routing #: _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/ (9 numbers)

Type of Account: _____Checking _____Savings

Calculations: (choose one) _____Remainder Percentage_____%

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

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

Routing #: _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/ (9 numbers)

Type of Account: _____Checking _____Savings

Calculations: (choose one) _____Remainder Percentage_____%

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