



ASSOCIATION REGISTERED OBSERVER NOMINATION

Local Approved Associations must annually submit a Registered Observer Nomination form for each Registered Observer. Beginning in 2021 Registered Observers must attend scheduled biennial Officiate Michigan Day events to remain in compliance. During all other "off-years", Registered Observers may be nominated by the association and approved by the MHSAA without attending a mandated training event.

(ONLY ONE FORM IS NEEDED FOR MULTI-SPORT OBSERVERS)

ASSOCIATION RECOMMENDATION

FULL NAME OF ASSOCIATION: _____

Please do not use abbreviations. We have many associations with similar names and abbreviations

recommends the nomination of:

Name: _____ MHSAA ID #: _____ Email: _____

to serve as an Registered Observer for our Local Approved Association as proclaimed by the full association membership in the sport(s) of:

- | | | |
|--|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> ICE HOCKEY | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> BOYS LACROSSE | <input type="checkbox"/> TRACK/X-COUNTRY |
| <input type="checkbox"/> COMPETITIVE CHEER | <input type="checkbox"/> GIRLS LACROSSE | <input type="checkbox"/> VOLLEYBALL |
| <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> SOCCER | <input type="checkbox"/> WRESTLING |
| <input type="checkbox"/> GYMNASTICS | <input type="checkbox"/> SOFTBALL | |

Association Representative (Print Name)

Signature

Date

REGISTERED OBSERVER RESOLUTION

I will participate in all Officiate Michigan Day training requirements, remain registered with the MHSAA and be an active Member in Good Standing in an MHSAA Local Approved Association, attend or complete the MHSAA current year rules meeting, complete the annual rules test in the sport for which I'm nominated, support and advance the MHSAA philosophy of officiating and adhere to MHSAA Regulations, policies, practices and procedures. I also attest that I have at least five years varsity experience in the sport(s) for which I will observe.

Further, I understand that my status as an Observer is subject to review by the MHSAA and may be denied or revoked if it is determined to be in the best interest of the MHSAA.

Observer Nominee (Print Name)

Signature

Date