



NEW YORK STATE  
HOCKEY OFFICIALS ASSOC.  
P.O. BOX 442  
BUFFALO, NY 14225  
www.NYSHOA.com



Please print the forms and fill them out (please print clearly so we can read them). Be sure to check the “Multiple Engagements” box on the Agreement for Services form and “Individual/Sole Proprietor” box on the W-9. Also, be sure to sign both of these forms. When completed, please mail the Member Info form, Agreement for Services & W-9, along with a check in the amount of \$40 for dues, made payable to NYSHOA to:

NYSHOA  
PO Box 442  
Buffalo, NY 14225

Once we have received all the forms and dues, you will receive the “Welcome” email from the Arbiter. Please be aware that sometimes it has gone into the Spam folder.

If you are not familiar with the Arbiter online assigning program, I have included an instruction sheet to help you set up your account. After you have set up your account, we suggest that you read the NYSHOA Member Handbook. This can be found in the Arbiter by clicking on the “Lists” tab and then “Forms”. There is a great deal of info in there that you should be aware of.

Thanks,  
NYSHOA  
Board of Directors



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## **MEMBER INFORMATION FORM**

(Please Print all Info clearly)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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

USA HOCKEY#: \_\_\_\_\_

CURRENT USA HOCKEY REFEREE LEVEL: \_\_\_\_\_

YEARS OF OFFICIATING EXPERIENCE: \_\_\_\_\_

IF OVER 18, DATE OF COMPLETION: SAFESPORT \_\_\_\_\_ NYS SCREENING \_\_\_\_\_

WHAT LEVEL OF GAMES HAVE YOU BEEN OFFICIATING (EX: Squirt, PeeWee, Bantam, etc):

\_\_\_\_\_

## Agreement for Services and Release of Liability

**Multiple-Engagements**

I agree to perform Referee/Official Services (Services) for the New York State Hockey Officials Association (NYSHOA). This release will be applicable until such time as I inform the Board of Directors for the New York State Hockey Officials Association, in writing, of my desire for revocation.

**One-Time Engagement**

I agree to perform Referee/Official Services (Services) for the New York State Hockey Officials Association (NYSHOA). This release will be applicable between the dates of \_\_\_\_\_, 20\_\_\_\_ and \_\_\_\_\_, 20\_\_\_\_.

I understand that I am working as an individual Independent Contractor and not as a company with or without employees. I further understand that I am not an employee of NYSHOA, and that I am required to complete and submit an I.R.S. Form (W-9) to NYSHOA prior to the receipt of payment for such Services.

I understand and acknowledge that the Services I perform may be dangerous and hazardous and, by its very nature may pose the potential risk of severe and serious physical and emotional injury/illness, or even death, to those individuals who perform such Services.

**I UNDERSTAND AND ACKNOWLEDGE THAT IN ORDER TO PARTICIPATE IN THESE SERVICES, I AGREE TO ASSUME ALL LIABILITY AND RESPONSIBILITY FOR ANY AND ALL POTENTIAL RISKS, INJURIES, OR EVEN DEATH THAT MAY BE CAUSED BY MY NEGLIGENCE OR MISCONDUCT WHILE PARTICIPATING IN SUCH SERVICES.** I represent and warrant that I am mentally and physically fit, capable, able, and willing to complete these Services without any limitations.

I understand, acknowledge, and agree that NYSHOA, its governing board of directors (Board), independent contractors, agents, instructors, supervisors, volunteers, or representatives shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or conducting such Services.

I hereby release, discharge and agree to indemnify, defend and hold harmless NYSHOA, Board, and each of their independent contractors, agents, instructors, supervisors, volunteers, and representatives free from any and all liability arising out of or in connection with my performance of these Services. For purpose of this RELEASE, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that myself or my guardians, heirs, executors, administrators, and assigns may have against NYSHOA, Board, and their independent contractors, agents, instructors, supervisors, volunteers, and representatives because of my personal, physical or emotional, injury, accident, illness, or death, or because of any loss of or damage to property that occurs to me or my property during my performance of Services that may result from any cause including but not limited to NYSHOA, Board, and their independent contractors, agents, instructors, supervisors, volunteers, representatives, volunteers', or representatives' own passive negligence or other acts other than active negligence, fraud, willful misconduct, or violation of the law.

\_\_\_\_\_(Initials) **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT FOR SERVICES AND RELEASE OF LIABILITY. I UNDERSTAND THE POTENTIAL DANGERS INCIDENT TO PERFORMING THE SERVICES DESCRIBED HEREIN. I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF THIS AGREEMENT, AND AGREE TO ITS TERMS AND UNDERSTAND I AM WAIVING CERTAIN RIGHTS AND ASSUMING THE RISK OF DAMAGE FROM MY PERFORMANCE OF SERVICES CONTEMPLATED BY THIS AGREEMENT. THIS AGREEMENT SETS FORTH MY ENTIRE AND INTEGRATED AGREEMENT WITH NYSHOA.**

\_\_\_\_\_  
Signature of Independent Contractor

Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent / Guardian (if under 18 yoa)

Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of NYSHOA Administrator



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |   |   |
|--|---|---|
| Print or type.<br>See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |   |
|  | 2 Business name/disregarded entity name, if different from above  |   |
|  | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small><br><input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small> |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.   | Requester's name and address (optional)   |
|  | 6 City, state, and ZIP code   |   |
|  | 7 List account number(s) here (optional)  |   |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>Social security number</b>  |   |   |   |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table> |   | - |   | - |  |
|  | - |   | - |   |  |
| or   |   |   |   |   |  |
| <b>Employer identification number</b>  |   |   |   |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>  |   | - |   |   |  |
|  | - |   |   |   |  |

## Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
  - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
  - I am a U.S. citizen or other U.S. person (defined below); and
  - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

## The Arbiter Online Assigning Program

1. You will receive a welcome email that contains the link to the Arbiter website along with your username & temporary password.
2. Click on the ArbiterSports.com link in that email and log into the Arbiter using the info supplied in that email.
3. Accept the Terms and Conditions.
4. Change the temporary password to your own password.
5. Click the "Main" tab and then click the "Ready to be Assigned" box. This allow you to be assigned games.
6. Click on the "Profile" tab.
7. Your name should be prefilled. Add Level and Age (L1-A21) on the "First Name" line after your First Name.
8. Your email address should also be prefilled - ensure it is correct.
9. Click on the Green + to add a phone number. Be sure to click on the "Public" box so your partner can see your phone number.
10. Fill in your address, making sure that you enter the Zip Code correctly.
11. Uncheck the "Public" box so your address is not seen by others.
12. Other Info is not required. DO NOT enter your SS#.
13. Click on the Green + to Upload a picture of yourself so your partner will recognize you.
14. Click "Save".
15. Click on "Blocks" tab
16. Block any times you know you will **NOT** be available to work (Work or School schedule). You can block part of the day or all day.
17. You can also block sites or partners.
18. Schedule. You will receive an email notifying you that you have been assigned a game. Click Accept or Decline. Do not let it expire without accepting or declining the game.
19. "List" tab = "Forms", NYSHOA Leagues and New Member Handbook.