



CONNECTICUT STATE REFEREE PROGRAM



Referee Camp Registration Instructions

- Internet Explorer and Firefox are the preferred browsers for this registration process; you may experience error messages or malfunctions with other browsers.
- **Referee Camp Registration** will be done “**ON-LINE**” – go to the CSRP web home page www.ctreferee.net and select the [eReferee Login](#) from the left navigation menu and login in to go to your “Account” page.
- “**Out-of-State Referees**” who have never attended a CSRP Referee Camp or registered with the CSRP will have to call the CSRP Office to start the Camp registration process. After acknowledgement by the CSRP Office select the [eReferee Login](#) from the left navigation menu on the CSRP homepage. Select the link for [New Referee Registration](#) and create an account in the CSRP database; this is a “One-time”, “3-step” process --- to begin:
 - Step 1 – enter your First Name, Last Name, Middle Initial (if you have one) and Birth Date – click on “**Next Step**” to proceed
 - Step 2 – enter all requested information: Address, E-Mail Address, Phone Number(s), Gender, Country of Birth, Country of Citizenship, Enter the two character abbreviation for your state in the box State Affiliation – click on “**Record**” to proceed
 - Step 3 – review all your entered information for accuracy – click on “**Update**” to complete your registration record in the CSRP database

Once you have completed your “One-time” Registration Process proceed to the CSRP home page <http://www.ctreferee.net> and select the “[eReferee Login](#)” from the left navigation box and login with your “First Name”, Last Name” and “Date of Birth”; you will be brought to your “**Account**” page.

- From your “**Account**” page scroll down to “**Clinic Administration**” and select the link for “**Register for a Referee Event**” which will take you to the “**eReferee Event Registration**” page

*Be aware there is a **session limit** - after 30 minutes the system will log you out and will not save any information you have entered. Be sure to complete and submit the Camp registration within the 30 minute timeframe.*

Connecticut State Referee Program



eReferee System Utilities

[Home Page](#) >> eReferee System Utilities

Hello, Camp Referee

Current Year:

Recertification Status Summary

Click on the "**No**" links below in order to finish all your Recertification Requirements!!!

Referee

[No](#)

Account Utilities

[Update Personal Information](#)

[View Referee Assessment History](#)

[Begin Referee Upgrade Process](#) (NOT TO BE USED FOR RECERTIFICATION PROCESS!!!)

Clinic Administration

[Register for a Referee Event](#)

Need Assistance? Contact [The CSRP Office](#)

[Logout](#)

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Click Here!

Contact Us

Connecticut State
Referee Program
11 Executive Drive
Farmington, CT
06032

- On the “**eReferee Event Registration**” page you will have to provide detailed information to complete your Camp registration – there are a number of input areas marked with an asterisk that are “mandatory fields”
- From the drop-down box “CSRP Events/Online Courses/Clinics You Would Like to Register for” select “**Camp**”
- Proceed to the next drop-down box and select the “**Camp and Date**”
- From the next drop-down box select the “**Camp Position and Camp Type**”
- Continue to fill out the registration form and provide the mandatory information as requested

- It is **mandatory** that you provide a “**recommender’s name**” and the “**recommender’s e-mail address**”
- See a **sample** Registration Form below:



Contact Us
Connecticut State Referee Program
 11 Executive Drive
 Farmington, CT 06032

Tel: 860-676-1161
 Fax: 860-676-1162
 Email: info@ctreferee.net

Click here for instructions on [How to Become a Referee...](#)

CSRP Referee Events/Online Courses/Clinics You Would Like to Register for:

Camp ▼

CT Referee Camps Application @ University of Rhode Island. Kingston, RI.

Applications are due no later than June 30

Grade 8 Camp, Entry Level: Referee Camp ▼

Basic Camp as Camper ▼

*Year of Experience:

*Game Count as Referee:

*Highest level of Officiating as Referee:

*Official recommender's (Assignor, SDA, ARA, DRA etc) Full Name:

*Official recommender's (Assignor, SDA, ARA, DRA etc) Email:

Uniform Size: *

*

*

*Date of Application: (mm-dd-yy):

Guardian Full Name (First, Last) (if under 18):

*Guardian/Own (if over 18) Emergency Phone:

Guardian Email:

By submitting this application with appropriate fee, I/we agree to submit, upon request, any and all medical information needed.

* - mandatory fields

- After filling out all the registration details continue to the bottom of the page and select the method of payment
- After all information has been entered click on the “Submit” button to complete your Camp registration
- You will receive an e-mail confirming your camp registration