



2019 Officials Contract

I _____ (Official's Name) **accept the opportunity to officiate at Basketball New Zealand Tournaments and/or Events for 2019.**

By signing this, I am agreeing to wear my uniform and abide by the BBNZ Internal Regulations regarding officials: Code of conduct and fair play for technical officials

I shall:

		Please Initial
(a)	be mentally and physically prepared for the entire games or Event/s;	
(b)	maintain complete neutrality at all times; (referees should not be seen actively supporting teams at tournaments).	
(d)	accept my role as a member of the "officials team", embrace team work, co-operate with and assist fellow officials, score-bench personnel and others associated with the game or Event;	
(e)	accept my role as a communicator and role model for fair play ;ensure that all players have a fair and reasonable opportunity to perform to the best of their ability, within the rules and regulations of basketball and the particular game or Event;	
(f)	conduct myself in a professional manner both on and off the court; this includes not using social media to negatively comment on anything relating to the tournaments and/or Events that you attend. Inappropriate behaviour may see referees sent home at their own expense. I will be liable for any damage to property that I am responsible for during the duration of my attendance at any BBNZ tournament and/or Event. This includes any damage/vandalism to accommodation.	
(g)	attend pre-tournament and all team meetings – ensuring I meet all requirements leading up	
(h)	remain open to constructive criticism and suggestions from Trainers, or those who have been delegated authority, showing respect and consideration to those offering assistance.	
(i)	Ensure you are suitably attired both on and off the court.	

Signed: _____

Date: _____



2019 – Official’s Contact and General Medical Information

CONTACT INFORMATION (Please Print Clearly)

Officials Name		
Home No. ()	Mobile No. ()	Email Address
Emergency Contact Name		Relationship to Official
Home No. ()	Day or Mobile No. ()	Email Address

GENERAL MEDICAL INFORMATION

1. Please list any current injuries, illnesses, and any chronic condition for which you require medication or regular doctor visits:

2. Are you on any medication including pills, creams, eye or ear drops, nose sprays, inhalers and syrups-? Please list with exact names and dosages:

Name	Dose	Frequency of use (eg Daily)

3. Do you have any allergies eg to medication, food, pollen, insects-? Please list if yes.

4. Any other comments or information:

THIS INFORMATION IS KEPT IN CONFIDENCE BY THE TECHNICAL COMMISSIONER AND THE BBNZ REFEREE DEVELOPMENT MANAGER. Please ensure any further medical information is passed on to the Technical Commissioner prior to the commencement of a tournament.

THE FOLLOWING SECTION MUST BE COMPLETED IF THE REFEREE IS 17 YEARS OF AGE OR UNDER

PARENT/GUARDIAN AGREEMENT

A parent or guardian's signature **must accompany** the Officials Contract if the Referee is 17 years of age or younger at the time of signing the Contract. This signature **is in addition to** and not in place of the Referee's signature on the Contract

I am the parent/guardian of _____, who was born on _____ and is therefore a minor at the time of signing the Officials Contract with Basketball New Zealand.

In signing this form I give permission for my child to travel to Basketball New Zealand tournaments and/or Events as a member of the Referee team.

I recognise that my child assumes obligations, detailed in the Referee Contract and I further recognize Basketball New Zealand's desire and need to enforce these obligations.

I accept that my child will be the responsibility of the team management for the duration of any Basketball New Zealand tournament and/or Event that they may attend as a Referee. The management team will be headed by a Technical Commissioner appointed by Basketball New Zealand who will have the final say on all decisions. My child will be expected to abide by any other rules that may need to be set in place by the team management.

I accept liability for any damage to property by my child, whilst attending a Basketball New Zealand tournament.

My child fully understands that as a minor they are not permitted to consume alcohol at end stage of the tournament. Any misbehaviour of my child may result in the need for them to be sent home at my expense.

Parent/Guardian name (please print)

Parent/Guardian signature

Date

Medical Consent - In the event of a medical emergency, I give consent to my child receiving medical attention.

Parent/Guardian signature: _____

Parent/Guardian contact number: _____