BASKETBALL REFEREE APPLICATION

APPLICANT'S NAME: _____

ADDRESS: _____ **CITY:** _____

DOB: _____ **GENDER:** _____ **CELL PH #:** _____

EMAIL ADDRESS: _____ **SHIRT SIZE:** _____

BASKETBALL SEASON: Our season will run from mid-January until the end of March. Games are (tentatively) on Thursday nights, Friday nights & Saturday morning/afternoons.

Are there any days during this time frame that you know you cannot be available (please list all):

☐ (initials) I understand that the City of Woodlake may visit Parks & Recreation sponsored activities to take pictures and/or video for use in a City publication, for educational purposes or for social media posts. My initials indicate approval for use of such photography/video in which I may appear. I understand that I will not receive compensation for the use of the pictures/video.

MEDICAL & EMERGENCY CONTACT:

Emergency Contact Person: _____ Cell Ph #: _____

Your Doctor: _____ Dr. Ph #: _____

MEDICAL RELEASE

I give permission to the League, its officers, or representatives, to provide medical treatment to me in case of an emergency or injury.

I understand that as a referee I am participating with the League at my own discretion and consent to a live scan to determine my eligibility as a participant.

_____ _____

Signature of Applicant Date

Please submit completed form to izacarias@ci.woodlake.ca.us | Or in-person at City Hall: 350 N. Valencia