

**Referee Application Form
Mahtomedi Basketball Association (MBA)**

You are applying to referee for the MBA In-House Program. Applicants agree to become thoroughly familiar with the rules and policies of the MBA. Please visit the "Referees Corner" on our web site for ongoing announcements. Website: <http://www.mball.org/>.

Please print clearly.

Name: _____ Age: _____ Grade: _____

Address: _____

Street _____

City State Zip _____

Telephone: _____ Email: _____

Basketball Experience: _____

Referee Experience: _____

Please list all the dates you are NOT available for SATURDAY GAMES from December-March (9th/B-Squad/JV/Varsity practice, other job conflicts, out of town ,etc.): _____

Are you trying out for a basketball team this season? Yes _____ No _____

I acknowledge there are risks of physical injury to MBA referees and I agree to assume full risk of injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating as a MBA referee. I waive and relinquish all claims that I, my insurer or my child/ward may have against MBA and its officers, agents, servants and employees from claims from injuries, damages or loss which I or my child/ward may have or which accrue to me or my child/ward on account of my participation or the participation of my child/ward in the above program.

MEDICAL RELEASE

In case of the need for immediate treatment, I would like to have the MBA contact me before my child is taken to the doctor. If I am not available, I would prefer that he be taken to:

Hospital _____

Doctor _____ Phone _____

If this doctor is not available, I authorize the MBA to take him to any available doctor.

PARENT'S SIGNATURE _____ DATE _____

PLEASE MAKE NOTE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF:
