

2012 Regional Basketball Officials Clinic @ Rowan University, Saturday, January 28th

*PLEASE PRINT CLEARLY ALL INFORMATION

OFFICIAL'S CONTACT INFORMATION

Official's Name: _____ Date: _____
College: _____ Year in School: (Please circle): Fr. So. Jr. Sr. Grad
Primary Email Address: _____ Primary Phone#: _____
Have you been to a Regional Basketball Clinic in the past?: Yes No
Semesters officiating intramural basketball (Please circle): 1 2 3 4 5 6+
Officiated in Extramural Basketball (Regionals): Yes No High School Certified: Yes No
Will you need referee stripes?: Yes No **All officials should wear black pants/shorts & sneakers*

Payments: \$25/per official with Credit, Cash & Checks accepted. Checks made out to Rowan University.
Call 856-256-4927 for credit card transactions

*Registration forms are due by Tuesday, January 24th . They can also be faxed to 856-256-4428. Payments should be made with registration forms prior to clinic to guarantee a spot. Payment after the registration deadline, does not insure that the officials are guaranteed to participate.

Send registration forms & payment to:
Kevin George
Assistant Director – Intramurals
Rowan University Recreation Center
201 Mullica Hill Road
Glassboro, NJ 0802

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Home Number: _____
Cell: _____ Contact Address _____

CAMPUS RECREATION/INTRAMURAL DEPARTMENT CONTACT INFORMATION

Supervisor's Name _____ Supervisor's Title _____
Work Number _____ Email Address _____

In considering the acceptance by this intramural official's program of my participation, the undersigned for myself, my heirs, and executors, hereby release and forever discharge the parties, the city, and state where the activity is held and all parties involved, their representatives from all liabilities, claims, damages, and costs, which may now or in the future have against them or any of them arising out of or in anyway connected with my participation in this activity. I understand that this waiver includes, but is not limited to all claims that are based on my alleged negligence or other action or inaction of any of the above parties. I attest and verify that to the best of my knowledge, my physical condition and fitness are adequate for me to safely participate in the officials clinic sessions and games worked.

Official's Printed Name: _____ Date: _____

Official's Signature: _____

INTRAMURAL DIRECTORS APPROVAL:

All Entry Forms must be approved by your institution's Intramural Director. Forms not signed will not be accepted
I, the undersigned, verify that the above listed participants are enrolled students and/or employees of our institution.

Print Name: _____ SIGNED: _____

Any questions or additional information, please contact Kevin George at 856-256-4927 or email at georgek@rowan.edu



The clinic will run from 9am - 5pm, with registration/check-in from 8am - 9am at the Recreation Center Lobby.