



I _____ (Officials Name) **accept the opportunity to officiate at the Basketball New Zealand** _____ (Name of Tournament).

By signing this, I am agreeing to wear my uniform and abide by the BBNZ Internal Regulations regarding officials.

C2 Code of conduct and fair play for technical officials

C2.1 *Referees and other technical officials (including score bench personnel) have an important role in ensuring that acceptable behaviour is displayed by all participants on the court at all times.*

They shall:

		Please Initial
(a)	be mentally and physically prepared for the entire game or event;	
(b)	maintain complete neutrality at all times;	
(c)	accept my role as a communicator and role model for fair play;	
(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)	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;	
(g)	attend organised functions as a representative of officials; and	
(h)	remain open to constructive criticism and suggestions from the Technical Committee, or delegated authority, showing respect and consideration to those offering assistance.	

Signed: _____

Date: _____

Please **sign and hand to** the Technical Commissioner at the tournament.
This must be received by the Technical Commissioner **before** the official **takes up their duties**.
A **new contract** must be signed for **each tournament** the official attends.

Technical Commissioner to Sign once received: _____



2011 – Officials Emergency Contact and General Medical Information

EMERGENCY CONTACT INFORMATION (Please Print Clearly)

Name		Relationship to Official
Home No. ()	Day or Mobile No. ()	Email Address
Alternate 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:
