



**Pinellas Area Referees, Inc. Basketball Officials Association
Registration Form**



Name:	
Address:	
City/State/Zip:	
Cell #:	
Emergency Contact Name/Number:	

Please Print Clearly

Officiating Experience

Check One:

- New Member
- Returning Member
- Transfer Member

Pay Options:(ArbiterPay only)

Check One: By December 1, 2020

- December/Last Meeting
- January/Last Meeting
- Last Meeting

******If no option is picked for payment, you will receive payment at the last meeting******

Answer Each of the Following Questions:

- I agree that in accepting game assignments that I am acting as an independent contractor, not as an employee of the Pinellas Area Referees, Inc. (initial)_____
- I acknowledge that the Booking Commissioner assigns/reassigns all games and I agree that I cannot trade, change, or modify my officiating assignments without prior knowledge and the express approval of the Booking Commissioner(initial)_____
- I cannot be assigned to the following school(s) because:
Your child attends the school, or you graduated from the school since 2013, or you/an immediate family member is an employee of the school(s).
- I acknowledge that I have read and reviewed the Insurance Information online under important link(initial)_____

I certify that I have not been arrested for or convicted of a felony criminal offense under the laws of any state or the Federal Government. I understand the penalty for falsification is exclusion from any games from the Pinellas Are Referees, Inc. I also understand that membership does not guarantee me game assignments.

Print Name

Signature

Date