**LBBL/LeBOA Nominated Referee Declaration** for season ……../……

Revised April 2019

Please read and complete this form and send to the LBBL General Secretary by 31st May.

LBBL will accept an emailed copy if sent directly from the nominated referee.

**Data Protection: I agree that my contact details may be shared with LeBOA, LBBL and LBBL teams.**

(Home address will not be shared beyond LBBL and LeBOA)

**Name of Referee** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**As a nominated official for the following team** (include A, B etc as necessary)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I hereby understand and agree to the following rules.

* I am a qualified referee holding Level 2 or above.
* I will be Registered and Licensed as a Referee with Basketball England at the start of the season. **(Note: player licence is NOT sufficient)**
* I will give the LeBOA Appointments Secretary at least 2 days availability per week

**for each team\*\*\*** for which I am nominated.

\*\*\* (Note: It is recommended that you are nominated for no more than two teams.)

* I understand that I will be expected to referee **1 game per week for each team** for which I am nominated.
* I understand that once the appointments have been made, the LeBOA Appointments Secretary needs to ratify any swap, that I wish to make, with another official.
* I understand that if I fail to get any swap of fixture ratified by the LeBOA Appointments Secretary and my replacement fails to turn up, the club for which I am nominated will incur costs.
* I understand that the LeBOA Appointments Secretary will only arrange a replacement for me if I have been appointed to a game when I had already declared my UNAVAILABILITY.
* If my appointed co-official fails to turn up, I will not let the game take place unless another qualified official is present and is willing to officiate.
* **I will check all licence cards prior to the start of a game and any player/coach/team follower without a licence card will be prohibited from sitting on the team bench or taking any part in the game.**

Signed:............................................ (unless emailing directly) Date: .............................

**PLEASE ALSO COMPLETE THE DETAILS BELOW**

**LBBL / LeBOA NOMINATED OFFICIAL FORM**

|  |  |  |
| --- | --- | --- |
| Team Name (include A, B etc) | | |
| **Referee Name** |  | **Level:** |
| Address + Postcode |  | |
| Phone(s) |  | |
| email |  | |