

New England College Officiating Camp



April 6 and 7, 2019

Starland Sports Complex (formerly, University Sports Complex), Hanover, Ma.

Camp Application

Applicant Information

Full Name:

_____ **Date:** _____
Last First M.I.

Address:

Street Address Apartment/Unit #

City State ZIP Code

Phone:

_____ **Email** _____

Officiating Experience

High School Experience

*****(Please be specific;**

Number of years;

Varsity, JV etc.)

_____ **IAABO board:** _____

College
Experience

Conferences
Worked:

Camper Shirt size: *XXL, XL, LG, Med, Sm*

Camp Fee: \$200

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******Payment in the form of Bank Check, Money Order or Cash made Payable to New England College Officiating***

Send Via US Mail to: Larry Last, 6 Grant Street, Stoneham, Ma 02180

Disclaimer and Signature

WAIVER & INDEMNITY

I, THE UNDERSIGNED INDIVIDUAL, AGREE TO OBTAIN AT MY EXPENSE AND FOR MY OWN BENEFIT, DISABILITY, MEDICAL, HOSPITALIZATION AND LIABILITY INSURANCE COVERAGE COVERING MYSELF IN SUCH AMOUNTS AS I SHALL DETERMINE, BUT IN ANY EVENT WHICH SHALL BE SUFFICIENT TO COVER AND PROTECT ME FROM ANY AND ALL INJURIES, DAMAGES, CLAIMS AND LOSSES WHICH I MIGHT INCUR, OR FOR WHICH I MAY BE RESPONSIBLE IN, PARTICIPATING, AT THE NEW ENGLAND COLLEGE OFFICIATING CAMP RUN IN CONJUNCTION WITH THE NORTHEAST HOOPS FESTIVAL MEN'S BASKETBALL TEAM CAMP AND IN TRAVEL TO AND FROM SUCH TOURNAMENT(S) AND SHALL SUBMIT PROOF OF SUCH INSURANCE TO CAMP DIRECTOR, LARRY LAST. I FURTHER HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY LARRY LAST, NEW ENGLAND COLLEGE OFFICIATING CAMP, NERR, ITS CAMP COORDINATORS AND STAFF, FROM ALL LIABILITY FOR ANY INJURY DAMAGE OR LOSS SUSTAINED AS A RESULT OF MY ACTIONS (OR INACTIONS) IN, PARTICIPATION AT SUCH CAMP AND IN THE PERFORMANCE OF OFFICIATING SERVICES, INCLUDING WITHOUT, LIMITATION, ALL CLAIMS FOR MEDICAL EXPENSES WHICH I MAY INCUR, OR OTHERWISE, DUE TO MY FAILURE TO, OBTAIN AND/OR MAINTAIN SUCH APPROPRIATE INSURANCE COVERAGE.

Signature of Official: _____

Date: _____

TO COMPLETE YOUR CAMP REGISTRATION PLEASE MAIL PROFILE FORM, WAIVER AND CERTIFIED FUNDS

ONLY MONEY ORDER/BANK CHECK: Addressed to Larry Last, 6 Grant Street, Stoneham, Ma 02180

Signature:

Date: _____