

Basketball Queensland 2014 Referee Registration Form

Title	Surname	First Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)	/ /
Current Grading	<input type="checkbox"/> Apprentice <input type="checkbox"/> Community <input type="checkbox"/> Development	QBL 2014 Referee Conf.	<input type="checkbox"/> Attending <input type="checkbox"/> No
	<input type="checkbox"/> Intermediate (1C) <input type="checkbox"/> Advanced (1B)	QBL 2013 Referee Conf.	<input type="checkbox"/> Attended <input type="checkbox"/> No
<input type="checkbox"/> Representative (1A) <input type="checkbox"/> State (2) <input type="checkbox"/> National (3)		Referee Coach	<input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2
Year Grade Attained	Home Association		
Home Address		Do you referee at other Associations? If yes, where?	
Suburb	Post Code	E-Mail	
Phone:	(H)	(W)	(M)
Blue Card No.	Expiry Date		
Parent/Guardian (1) Details <i>(Please complete for referees who are under 18)</i>			
First Name		Surname	
Title	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-Mail
Occupation			
Phone	(H)	(W)	(M)
Parent/Guardian (2) Details			
First Name		Surname	
Title	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-Mail
Occupation			
Phone	(H)	(W)	(M)
Declaration			
I, _____ hereby agree as follows:			
<ol style="list-style-type: none"> 1. I will be bound by and agree to comply with the constitutions, regulations and policies of Basketball Australia and Basketball Queensland. I agree to comply with the provisions of the Codes of Conduct and I submit to the jurisdiction of the Disciplinary Tribunals of Basketball Queensland and agree to be bound by any decisions of these Tribunals. 2. I agree to comply with any reasonable direction of any official connected with basketball. 3. I acknowledge that I am aware that there will only be limited times when a person qualified in first aid is present. 4. I authorise the club, association, league, Basketball Australia or Basketball Queensland to obtain medical treatment for me or my child should there be an emergency and it is not possible or reasonably practical for me to do so and acknowledge that the cost of any ambulance or medical treatment will be my sole responsibility. 5. I advise I have or my child has the following medical conditions including allergies and warrant that I am or my child is fit to play basketball and will notify the association should any new medical information become available: 			
<ol style="list-style-type: none"> 6. Unless I delete any item I consent to the following: <ol style="list-style-type: none"> (a) I or my child's name (but not address) may be mentioned in any newsletter (whether printed or electronic) in reports about games and achievements (b) I or my child may be photographed and any photograph used in any newsletter (whether printed or electronic) or for promotion of basketball (c) Videos may be taken of me or my child playing or training to be used for family keepsakes by family members of other players, or by or for coaching staff to be used for coaching or scouting purposes (d) Information about basketball will be sent to me from time to time by mail or email. 7. I will not photograph or video any activity in which I or my child is involved unless I make known to the coach or team manager who I am and that I propose to take photographs or video a game. 8. I will be responsible for any damage to property and equipment caused by me or my child and pay for such damage on demand. 			
Member's Signature	Date		

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Parent's Consent (must be completed for all referees under 18)

I, as the parent or guardian of the applicant, agree that the applicant will be bound by and agree to comply with the constitutions, regulations and policies of Basketball Australia and Basketball Queensland. I agree that the applicant will comply with the provisions of the Codes of Conduct and submit to the jurisdiction of the Disciplinary Tribunals of Basketball Queensland and agree to be bound by any decisions of these Tribunals.

Parent's Signature

Date

PAYG Declaration – Non-disclosure of ABN

I, (referee name) of (address)

hereby declare that in relation to any supplies made by me to a payer for the period from 1 January 2013 until advice in writing to the contrary is received:

1. a supply has been made by me in the course or furtherance of an activity, or a series of activities, done as a private recreational pursuit or hobby.
2. the supply made by me is wholly of a private or domestic nature and does not relate to the conduct of an enterprise.

Pursuant to Section 12-190(6)(a)(i) of the Income Tax Assessment Act 1936, payments made to me during the above stated period in respect of this supply will not be subject to withholding tax by the payer

Referee's
Signature

Date

Fees

Association/Club Referee

No Charge

QBL and SBL Referees

\$40.00

(Paid to Basketball Queensland Direct)

Office Use Only

NOTE: For all QBL and SBL Referees this form must be forwarded to Basketball Queensland.

Amount Paid

Date Processed