

Friarsgate Basketball Association Timekeeper/Scorer Application

Full Name:			
Full Address: (Including City/Zip)			
Home Phone:		Cell Phone:	
Email:			
Parent's Name:		Parent's Phone:	
Parent's Email:			
DOB:		School:	
Are you playing for FBA? If yes, what age group?			

Regular season league games run January through February. Please circle the times you are able to work:

Friday Nights (6:15-9:00)	Saturday Mornings (9:00-11:30)	Saturday Afternoons (12:00-5:00)	Sunday Evenings (4:00-7:30)
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Tournament games begin the last week of February/Early March. Please circle the times you are able to work:

Monday Nights (6:15-9:00)	Tuesday Nights (6:15-9:00)	Wednesday Nights (6:15-9:00)	Thursday Nights (6:15-9:00)
Friday Nights (6:15-9:00)	Saturday Mornings (9:00-11:30)	Saturday Afternoons (12:00-5:00)	Sunday Evenings (3:00-6:30)

These times are subject to change due to the number of teams registered. List any dates you know in advance that you will **NOT** be available: _____

Once you are scheduled, you can not change your schedule without approval from the FBA Administrator, Rochelle Johnson!

Timekeeper/Scorer Commitment Statement

As a Timekeeper or Scorer, you agree to the following:

1. To arrive 20 to 30 minutes prior to your first assignment.
2. To help set up the courts, tables, and equipment.
3. To stay focused on the game, referees, clocks, and score sheets.
4. To put away your cell phone, iPod, MP3 player, or other electronic devices during the games.
5. To discourage your friends and acquaintances from visiting with you during the games.
6. To show respect to the referees, coaches, and parents of the league.
7. To help put away all equipment after the last game of the day.
8. To abide by the FBA rules and regulations and the Players' Code of Ethics and understand that should you not abide by these regulations and ethics, you will receive the appropriate assessment as deemed appropriate by the FBA League Administrator.

Date: _____ Signature: _____

As Parent/Guardian of this Timekeeper/Scorer, I fully understand the responsibilities of my child and commit to have him/her at the park for scheduled events. I also understand the risk involved in organized sports and will not hold Friarsgate Basketball Association (FBA), league officials, coaches, sponsors, or the Richland County Recreation Commission responsible for any sickness or injury that a participant may receive during events in this league and insurance is not provided by FBA or any affiliate listed above. In addition, and in the event I cannot be reached, I authorize league officials and/or Friarsgate Park staff members to call for medical assistance, if necessary, with the understanding that I will be responsible for all costs involved in any such emergency. Further, FBA reserves the right to reject any/all applications.

Date: _____ Parent/Guardian Signature: _____

Please submit this form in a sealed envelope to FBA.