



U/18 REFEREE'S TOURNAMENT FORM

CODE OF CONDUCT

I _____, of _____ from Victoria agree to be bound by the following terms of the Code of Conduct of the Australian Basketball Federation and I further agree to submit to any disciplinary action undertaken by the Australian Basketball Federation, VBRA & VBRA Altona Branch against me in accordance with the following terms;

1. I shall conduct myself in a professional manner and be responsible for my actions at all times both on and off the court, during the period of the Tournaments which I attend.
2. I shall accept all the responsibilities associated with attending a Tournament by:
 - a. Attending organized functions when required.
 - b. Participating in all education and training sessions as required.
 - c. Attend all meetings as required.
 - d. Being mentally and physically prepared for the entire tournament.
 - e. Accepting my role as a communicator and role model for fair play.
 - f. Being totally impartial, and avoiding any situation which may lead to a conflict of interest.
3. I shall not consume alcohol during the entire Tournament.
4. If I am intoxicated during the Tournament or suffering the effects of having been drinking, I accept that I will be disciplined which may include immediate removal from the Tournament and being sent home.
5. I will avoid bringing attention to myself with the way I behavior, the way I dress and the way I conduct myself.
6. I shall not take prohibited drugs or remain in the presence of others, who are using any prohibited drugs. I accept that I will be removed immediately from the Tournament if found to have used prohibited drugs during the championships.
7. I will respect the other patrons staying in the Hotel/Motel, and agree to adhere to a curfew of returning to the accommodation and making no excessive noise after a time set out by the supervisor.
8. I will use my best endeavors to ensure that all constructive feedback and coaching suggestions from the referee coaches are implemented are respected and I will always show respect for the coaches.
9. I will make sure that all players have a fair and reasonable opportunity to perform to the best of their ability, within the rules and regulations of basketball and the particular Tournament.

10. I will abide by the attached Referees' Code of Ethics and accept that failure to do so may result in disciplinary action.
11. I accept my role as a member of the "official team" maintaining complete neutrality on and off the court, embracing team work, co-operation and assistance to all fellow officials including scoretable personnel, etc.
12. I will not comment to anyone about the appointments to the games.
13. I will not wear my officiating uniform while watching games unless I am selected as a reserve for that game or if I am waiting to officiate the game preceding the game I am watching.
14. I will not criticize any fellow officials at the tournament.
15. I will be supportive of my fellow officials but will not call out or cheer for them during the game.
16. I will no comment to spectators about the officials. I will resist the urge to verbally fight back to support an official as this will only cause further problems.
17. I agree to accept any reasonable disciplinary action by the Australian Basketball Federation/VBRA Altona Branch if my actions are proven to have been in breach of this code of behavior.
18. I agree to only allow Altona Referees and appointed roommates into my room.
19. I agree not to be alone in the same room as a person of the opposite sex.

DATED:/...../.....



SIGNED SEALED AND DELIVERED

By(Signature)

Print Name:.....

In the presence of:

.....(Signature)

Print witness name:.....

NB: IF REFEREE IS UNDER THE AGE OF 18 THEIR PARENT/GUARDIAN MUST BE SIGN

Please sign and return all pages and this form will cover a referee for any tournament they attend and will be required to be re-submitted if there are any changes in policy or personal details.



Referee Medical Information

Name: _____

Date of Birth: _____

Emergency Contact:

Name: _____

Relationship: _____

Mob: _____

Home: _____

Medicare Number: _____

Health Insurance:

Fund: _____

Level of cover: _____

Number: _____

Ambulance Membership #: _____

General Information:

Do you have asthma (wheezing) hay fever, or coughing spells?

If so, what medication are you on:

Do you have a chronic illness or see a doctor regularly for any particular problem? If so, please provide details:

Please list any medication you are currently taking:

Please list any allergies:



VBRA REFEREE TOURNAMENT ATTENDANCE

All VBRA registered referees are required to fill out this form if intending to referee at any tournament outside of their home association. Referees intending to attend a tournament outside of Victoria are required to submit this form to the VBRA in addition to having the form signed by a branch representative. This form must be filled out and submitted no less than one week prior to attending the tournament. Both the branch and the referee (and the VBRA if required) are advised to keep a copy of the completed form.

REFEREE DETAILS:

Name: _____

Branch: _____ Grade: _____ VBRA Number: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: Home: _____ Mob: _____

Email: _____

TOURNAMENT DETAILS:

Tournament Dates: _____ until _____

Tournament Venue: _____

Controlling Association: _____

Contact Name and number: _____

BRANCH CONFIRMATION:

The details for the referee named are correct. This referee is not currently under suspension, and the branch endorses the referee's attendance at the tournament detailed above.

Branch representative (please print): _____

Signature: _____ Date: _____

VBRA ACKNOWLEDGEMENT FOR INTERSTATE TOURNAMENTS:

VBRA Representative (please print): _____

Signature: _____ Date: _____