

**ART JACKSON**  
CLINIC DIRECTOR



NCAA COLLEGE BASKETBALL  
OFFICIAL  
DIVISION I, II, III. JR COLLEGE.

EMAIL:  
[ACTIONZEBRA@HOTMAIL.COM](mailto:ACTIONZEBRA@HOTMAIL.COM)

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609-923-3753



**OBJECTIVE OF CLINIC**

THE OBJECTIVE OF THE CLINIC IS TO TRAIN AND DEVELOP YOUNGER OFFICIALS WISHING TO MAKE THE TRANSITION FROM SUB VARSITY HIGH SCHOOL BASKETBALL TO VARSITY. OFFICIALS WILL BE PROVIDED WITH INFORMATION AND SKILLS NEEDED TO SERVE AS A CREW CHIEF AT THEIR HIGHEST LEVEL OF OFFICIATING AS WELL AS EQUIP INDIVIDUALS WITH ADDITIONAL SKILLS NECESSARY TO ADVANCE THEM TO THE NEXT LEVEL OF OFFICIATING.

**WHO SHOULD ATTEND THIS CLINIC?**

STRONGLY RECOMMENDED THAT THE FOLLOWING INDIVIDUALS PARTICIPATE IN THIS CLINIC:

-  BEGINNER/AVERAGE OFFICIALS

**COST OF CLINIC**

THE COST OF THE CLINIC IS MINIMAL ... \$125 WILL COVER THE COST OF (5) TWO-HOUR SESSIONS OF TRAINING. **THE FEE IS NON-REFUNDABLE.**

JFK RECREATION CENTER  
WILLINGBORO, NEW JERSEY  
TIME: 10:00 AM - 1200 NOON

DATES: 02 MAY 2009 – 30 MAY 2009

**REGISTRATION FORM**

FULL LEGAL NAME

STREET ADDRESS

CITY, STATE

ZIP CODE

HOME AND/OR MOBILE PHONE

EMAIL ADDRESS



*Did we see the whole play?  
Did we call the obvious?  
Hopefully we didn't screw it up.*

I \_\_\_\_\_ THE  
UNDERSIGNED INDIVIDUAL/OFFICIAL,  
AGREE TO OBTAIN AT MY OWN EXPENSE,  
AND FOR MY OWN BENEFIT, DISABILITY,  
MEDICAL, HOSPITALIZATION AND  
LIABILITY INSURANCE COVERAGE.  
COVERAGE AMOUNTS MAY BE  
DETERMINED BY THE APPLICANT BUT IN  
ANY EVENT SHALL BE SUFFICIENT TO  
COVER AND PROTECT ME FROM ANY AND  
ALL INJURIES, DAMAGES, CLAIMS AND  
LOSSES THAT I MAY BE RESPONSIBLE  
FOR AS A RESULT OF MY PARTICIPATION  
AT THE ACTIONZEBRA BASKETBALL  
OFFICIATING DEVELOPMENTAL CLINIC. I  
FURTHER HEREBY AGREE TO HOLD  
HARMLESS AND INDEMNIFY THE JFK  
RECREATION CENTER, ITS MEMBERS, ITS  
INSTITUTIONS, IT'S ADMINISTRATION AND  
ALL EMPLOYEES, THE CLINIC CLINICIANS  
FROM ANY AND ALL LIABILITY FOR INJURY,  
DAMAGE, OR LOSS SUSTAINED AS A  
RESULT OF MY ACTIONS (OR INACTION)  
WHILE PARTICIPATING AT SAID CLINIC  
AND IN THE PERFORMANCE OF MY DUTIES  
OF OFFICIATING SERVICES INCLUDING  
BUT NOT LIMITED TO MEDICAL EXPENSES  
WHICH I MAY INCUR OR OTHERWISE, DUE  
TO MY FAILURE TO OBTAIN AND/OR  
MAINTAIN SUCH APPROPRIATE  
INSURANCE COVERAGE

PLACE  
STAMP  
HERE

SIGNATURE OF OFFICIAL

\_\_\_\_\_

PRINT NAME

\_\_\_\_\_

ACTIONZEBRA  
BASKETBALL  
OFFICIATING  
DEVELOPMENTAL  
CLINIC

