

ART JACKSON
CLINIC DIRECTOR



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

EMAIL:
ACTIONZEBRA@HOTMAIL.COM

PHONE:
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 OFFICIATE BASKETBALL GAMES USING THE THREE MAN/PERSON MECHANICS.

WHO SHOULD ATTEND THIS CLINIC?

STRONGLY RECOMMENDED THAT THE FOLLOWING INDIVIDUALS PARTICIPATE IN THIS CLINIC:



INTERMEDIATE OFFICIALS
YEARNING TO HAVE A BETTER
UNDERSTANDING OF THE THREE
PERSON POSITIONING AND
PHILOSOPHY.

COST OF CLINIC

THE COST OF THE CLINIC IS MINIMAL ... \$100.00 WILL COVER THE COST OF (4) SESSIONS OF TRAINING. THE FEE IS NON-REFUNDABLE.

JFK RECREATION CENTER - FRIDAY
WESTAMPTON TECH - SATURDAY
WILLINGBORO, NJ

DATES /TIMES:

JFK RECREATION CENTER
12 JUNE AND 19 JUNE 2009 @TIME: 700P-
900P
WESTAMPTON TECH HIGH SCHOOL
13 JUNE AND 20 JUNE 2009 @ TIME: 900P-
200P

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 OR WESTAMPTON
TECH SCHOOL (BCIT) 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

SIGNATURE OF OFFICIAL

PRINT NAME

ACTIONZEBRA BASKETBALL
OFFICIATING
DEVELOPMENTAL CLINIC

HALL OF SUCCESS

JAMES OSWALT – MEN'S DIVISION II
STEVE BUKOWSKI – WOMEN'S
DIVISION II
CHUCK THOMPSON – WOMEN'S JR
COLLEGE
KESHA THOMPSON – WOMEN'S
DIVISION I
DAVID NIVENS – MEN'S DIVISION III
JEFF LATTANE – WOMEN'S DIVISION
II
DERRICK LOURY - WOMEN'S JR
COLLEGE
BRANDI UPSHAW – WOMEN'S JR
COLLEGE
KEVIN CALZONETTI – MEN'S DIVISION
III

ACTIONZEBRA
BASKETBALL
OFFICIATING
DEVELOPMENTAL
CLINIC

