

MAINE IAABO REFEREE ACADEMY

JUNE 25, 26, 27, 28,

CAMP MISSION

This camp has been sanctioned by the Maine Basketball Council as an instructional camp with the designed purpose of assisting all Maine IAABO officials toward "one rule, one mechanic, and one interpretation". Our intent is to provide a quality experience by offering a 3:1 ratio of camper to clinicians.

COST & REGISTRATION

To register, please fill out the application form and sign the medical waiver and return to the address below. Cost for the Academy is \$150. This includes room and board. Enrollment will be limited to 24. Spots may be reserved by sending a \$50 deposit (non-refundable after June 1) to:

MAINE IAABO REFEREE ACADEMY

5 SKYVIEW DR.

FAIRFIELD, MAINE 04937

Equipment Needed

Black & White Officials Shirt, Black Shorts or Pants, Video Tape

For more info: Call 877-9558 or
E-mail: weref@adelphia.net

ACADEMY PROVISIONS

- Room & Board
- T-shirt
- 2- & 3-Person Instruction
- Classroom Discussions & Handouts
- Video taped observations

Camp will begin Friday evening and end around 11:00 AM Monday



"One Rule. One Interpretation"

ACADEMY DIRECTORS

David Ames, Eastern Maine
Tournament Site Supervisor

Jeff Jewett, IAABO BD #20
Interpreter

WAIVER & INDEMNITY

I, the undersigned individual, agree to obtain, at my expense and for my own-benefit, disability, medical, hospitalization and liability insurance coverage covering myself in such amounts as I shall determine but in any event which shall be sufficient to cover and protect me from any and all injuries, damages, claims and losses which might incur or for which I may be responsible in participating at the 2004 Maine IAABO Referee Academy and in travel to and from such academy shall submit proof of such insurance to the Directors. I further hereby agree to hold harmless and indemnify the Academy and Husson College from any and all liability for an injury, damage or loss sustained as a result of my actions (or inactions) in participating at such academy and in the performance of officiating services, including without limitation, all claims for medical expenses which I may incur, or otherwise, due to my failure to obtain and/or maintain such appropriate insurance coverage.

Signature of
Official _____

Date _____

Name of Insurance
Carrier _____

Policy Number _____

MAINE IAABO REFEREE ACADEMY

NAME _____ PHONE _____
ADDRESS _____ E-MAIL: _____
CITY _____ STATE _____ ZIP _____ YEARS OFFICIATING _____

T-SHIRT SIZE M L XL XXL Please enclose a deposit of \$50.00 to secure a position as enrollment will be limited!

Make checks payable to: **Maine IAABO Referee Academy**

Send to: Maine IAABO Referee Academy, 5 Skyview Dr., Fairfield, Maine 04937

No refunds after June 1st

Maine IAABO Referee Academy
5 Skyview Drive
Fairfield, Maine 04937

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REFEREE ACADEMY

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2004

Husson College

Bangor, Maine