

## Friarsgate Basketball Association Timekeeper/Scorer Application

Full Name:			
Full Address: (including city/zip)			
Home Phone:		Cell Phone:	
E-Mail:			
Parent's Name:		Parent's phone:	
Parent's E-Mail:			
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  
(6:15-9:45)

Saturday mornings  
(9:00-12:30)

Saturday afternoons  
(12:00-5:00)

Sunday evenings  
(4:00-7:30)

Tournament games begin the last week of February, and can run into the first week of March. Please circle the times you are able to work:

Monday night  
(6:15-9:45)

Tuesday night  
(6:15-9:45)

Wednesday night  
(6:15-9:45)

Thursday night  
(6:15-9:45)

Friday night  
(6:15-9:45)

Saturday morning  
(9:00-12:30)

Saturday afternoon  
(12:00-5:00)

Sunday evening  
(4:00-7:30)

List any dates you know in advance that you will NOT be available: \_\_\_\_\_

### Timekeeper/Scorer Commitment Statement

As a time keeper or scorer, you agree to the following :

1. to arrive 10 minutes prior to your first assignment;
2. to help setup the courts, table, and equipment;
3. to stay focused on the game, referees, clocks and score sheets
4. to discourage your friends & acquaintances from visiting with you during the games;
5. to show respect to the referees, coaches and parents of the league;
6. to be help put away all equipment after the last game of the day;
7. 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 and penalties as deemed appropriate by the FBA Board of Directors.

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's Signature