2026 - 27

OFFICIALS APPLICATION

CLBBY BASKETBALL OFFICIALS' ASSOCIATION

clbby.org

Name _____
Last First Middle

Mailing Address_____

City _____State_____Zip_____

Home Telephone: _____

Cell Number: _____

E-mail address: _____

Please check Available Days: Monday____ Thursday____ Saturday____

Are you available for Christian Schools game beginning at 4pm? YES_____ NO_____

Were you a member of CLBBY officials last year?_____

NEW MEMBERS: List all previous experience as a basketball official:

_____

_____

Release of Liability

I/we assume all risks of participating in CLBBY, release CLBBY and its employees, agents, participants, volunteers, and representatives from any liability related to such participation, and will indemnify CLBBY, alt sponsoring organizations of teams and facility providers for practices, games, and/or other activities associated with CLBBY, and their employees, agents, participants, volunteers, and representatives; and save them from any and all claims, actions, damages, liability or expenses in connection with personal injury or damage to property arising from, relating to, or in connection with participation in CLBBY.

Date: _____ Signature: _____