DATE: January 17, 2020

TO: BASKETBALL REFEREES/SCORERS

FROM: DANIEL HERNANDEZ, Recreation Coordinator

SUBJECT: SPRING 2020 APPLICATION FORMS

Below please find the list of necessary documents required to contract with the City of Los Angeles - Municipal Sports Basketball Program for the Spring 2019 Season. Completed paperwork must be received by FEBRUARY 1, 2020 or sooner.

Only officials who have turned in the completed availability packet, by the deadline date, will receive assignments for the Spring 2020 season.

New Officials will be required to attend a Mandatory Referees Meeting – the date and time will be emailed.

Every January….ALL documents noted below are due. When you apply for your New/Renewal BTRC you must remit a copy of the email and or receipt that is provided.)

Referees
Availability Form
Annual Agreement
One-Time Registration Form
Officials Code of Conduct
W-9 Form
Copy of Social Security Card
Business Tax Registration Certificate
Or Copy of BTRC renewal
(online at www.lacity.org/finance)

Copy of Photo ID Exp Date: _____
Copy of CBOA Card Exp Date: _____
Referee Referral Approval Form (Optional)

Scorer Keepers
Availability Form
Annual Agreement
One-Time Registration Form
Officials Code of Conduct
W-9 Form
Copy of Social Security Card
Business Tax Registration Certificate
Or Copy of BTRC renewal
(online at www.lacity.org/finance)

Copy of Photo ID Exp Date: _____
**AVAILABILITY FORM**

☐ REFEREE  ☐ SCOREKEEPER

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<th>NAME (First / Last)</th>
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<th>ADDRESS (Please include Apt. # if applicable) New? Yes ☐ No ☐ (If yes, a new W-9 form is required)</th>
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<th>BIRTHDATE (MM/DD/YY) DRIVER’S LICENSE # SOCIAL SECURITY #</th>
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<th>E-MAIL New? Yes ☐ No ☐ (ALL correspondence &amp; assignments are done via e-mail)</th>
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**CROSS OUT DATES YOU CANNOT WORK:** (It is your responsibility to update your availability as it changes.)

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<tr>
<th>April 2020</th>
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**GENERAL INFORMATION:**

Are you playing in a Municipal Sports Basketball League this season? ☐ Yes ☐ No

If yes, Team Name _____________________________ Classification: ☐ C ☐ C+ ☐ B ☐ B+

Are you a current member of the California Basketball Official’s Association? ☐ Yes ☐ No

If yes, which Unit? ☐ Los Angeles ☐ San Fernando ☐ South Bay ☐ Other: ___________

List the years of officiating at each level: ADULT RECREATION _____ YOUTH RECREATION _____

HIGH SCHOOL: JV _____ Varsity _____ Play-offs _____

**BTRC #**

*(DO NOT LEAVE THIS LINE BLANK….YOU MUST WRITE YOUR BTRC NUMBER AS REQUESTED)*

**Availability forms cannot be accepted without the following:**

☐ Officiating Annual Agreement  ☐ W-9 Form (with each address change

☐ BTRC (or copy/receipt of renewal)  ☐ Social Security Card (copy)

☐ CBOA Card (copy)  ☐ Valid Driver’s License/ID

☐ Officials Code of Conduct  ☐ One-Time Registration-Acknowledgement Form
CITY OF LOS ANGELES
DEPARTMENT OF RECREATION AND PARKS

ONE-TIME REGISTRATION AND ACKNOWLEDGEMENT
FOR OFFICIALS PAID BY ADULT LEAGUES

Official’s information – PLEASE PRINT OR TYPE

Name of Official: ____________________________________________________________________

Mailing Address: ________________________________________________________________

City: ____________________________ CA  Zip: ____________________________

Phone: ____________________________ Fax: ____________________________

E-mail Address: ____________________________

Guidelines For Adult Sports Officiating

I acknowledge I have read and will adhere to the following guidelines established by the Department of Recreation and Parks in performing officiating services for the patrons of the Department’s programs:

1. PAYMENT: Payment is between the Official and the Patron/Team. Recreation and Parks will not handle payments, assumes no liability for the payment of the official by the patron, and makes no guarantees.

2. APPLICABLE TAXES: The official is solely responsible for the compliance with applicable Federal, State, and Local tax regulations.

3. HOLD HARMLESS: Registrant hereby expressly agrees on its behalf and that of its dependents, heirs, assigns and legal representatives: That the City of Los Angeles, its officers, agencies, employees and volunteers shall not be responsible or liable for any injury (physical or mental), death, damage, loss or expense (including legal costs and reasonable attorney fees) either to Registrant, its assigns, or either party’s property incurred while Registrant or Registrant’s assigns are engaged. Registrant further agrees to indemnify and hold harmless the City, its officers, agencies, employees, and volunteers from all loss or liability, actual or alleged, that may arise from Registrant’s conduct, or the conduct of its invitees, agents, or assigns, either intentional or negligent, while participating in the above described activities. However, neither the waiver nor the indemnity agreement exempts the City or its officers, agencies, employees or volunteers from acts of gross negligence or willful misconduct. Registrant hereby represents that: Registrant is aware of the condition of the public premises and accepts the premises in their present condition. Registrant agrees to abide by all laws and safety regulations. Registrant has carefully reviewed this document, understands its contents, and signs it voluntarily, without being subject to coercion.

4. NON-DISCRIMINATION POLICY: Applicant certifies that it does not discriminate in employment policies and criteria for the program participation on the basis of race, religion, national origin, ancestry, gender, sexual orientation, age, physical handicap, marital status, or medical condition.

__________________________________                ____________________
Signature of Official                                                                                                   Date

Attach a copy of Driver’s license or other photo identification issued by a government agency.

OFFICE USE ONLY
Type of Identification ____________________________ ID # ____________________________
Expiration Date ____________________________ Verified by<signature> ____________________________
Staff name (print) ____________________________ Title ____________________________
SPORTS OFFICIALS CODE OF CONDUCT

I hereby pledge to live up to my responsibilities as a Sports Official for the Department of Recreation and Parks by following the Sports Officials Code of Conduct.

1. I will be independent, impartial, and responsible.

2. I will devote time, thought and study to the rules of the game and the mechanics necessary to carry out these rules, so that I may officiate in a credible, fair and unbiased manner.

3. I will not use my position as an Official for personal benefit. Under all circumstances, I will promote the interest of the athletes.

4. I will lead by example in demonstrating fair play and sportsmanship to all participants. I will constantly uphold the honor and dignity of the avocation in all personal conduct and relations with participants, coaches, recreation administrators, colleagues and the public.

5. I will ensure and maintain a sports environment for all participants that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.

6. I will be prepared both physically and mentally for my assignments. I will dress according to expectations, and maintain a proper appearance.

7. I will remember and recognize that it is important to honor game assignments regardless of inconvenience or financial loss.

8. I will strive to create a positive recreation experience for everyone involved in the activity.

9. I will remember that I am a Muni Sports official, and that I am officiating an adult program and that the game is for the adults. Accordingly, I will conduct myself in a professional manner, realizing that my conduct influences the attitude of the players, coaches, and the public.

I understand that the penalties for not adhering to this Code of Conduct may range from a verbal warning to expulsion from the activity.

____________________  __________________      ___________
OFFICIAL’S SIGNATURE  FACILITY  DATE

I Will Demonstrate ★ Good Sportsmanship

BE A GOOD SPORT
OFFICIATING ANNUAL AGREEMENT

The Department of Recreation and Parks has identified a need to provide officiating services to our sports programs. Furthermore, the Department has need of a person with the unique abilities, skills, and expertise to provide officiating services and has established that the CONTRACTOR mentioned below does possess the required abilities, skills, and expertise.

The Department has determined this contract is for the performance of professional and expert services which can be performed more feasibly and economically by a CONTRACTOR than by employees of the CITY.

The CONTRACTOR is acting hereunder as an independent contractor and not as an agent or employee of the CITY. The CONTRACTOR shall not represent or otherwise hold out itself or any of its directors, officers, partners, employees, or agents to be an agent or employee of the CITY.

Therefore, the parties agree as follows:

A. The CONTRACTOR shall perform officiating services as needed for the Department. The exact number of games and locations are to be determined by the Department.

B. The Department shall pay the CONTRACTOR for all services, following verification of the completion of said service.

C. Payment shall be processed following receipt of the completed game score card from the CONTRACTOR specifying the services performed.

D. No other fees or other charges are to be part of this agreement.

Except for the active negligence or willful misconduct of CITY, the CONTRACTOR undertakes and agrees to defend, indemnify and hold harmless the CITY and any of its Boards, Officers, Agents, Employees, Assigns, and Successors in interest from and against all suits and causes of action, claims, losses, demands and expenses, including, but not limited to, attorney’s fees and cost of litigation, damage or liability of any nature whatsoever, for death or injury to any person, including the CONTRACTOR’S employees and agents, or damage or destruction of any property of either party hereto or of third parties, arising in any manner by reason of the negligence, errors or omissions, or willful misconduct arising from the performance of this Agreement by the CONTRACTOR.

The term of the agreement shall be from 01/01/2020 through 12/31/2020 or until such time as either party notifies the other of its termination. Either party may terminate this agreement by giving the other party notice of such termination in writing at least five (5) days prior to the effective date thereof. In the event this agreement is terminated by the Department, Department shall compensate the CONTRACTOR for those portions of work satisfactorily completed prior to the effective date of such termination, less payment previously made by Department for said services, but shall not be liable for the cost of services performed or expenses incurred subsequent to termination.

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<th>PRINT NAME</th>
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Birth Date for Minors under 18 ________________________________

RETURNING OFFICIAL?   YES   NO   OFFICIAL CONTACT NUMBER (     )

DANIEL HERNANDEZ MATEVOSSIAN

AUTHORIZED DEPARTMENT REPRESENTATIVE (PLEASE PRINT)   Valley Muni Sports

AUTHORIZED DEPARTMENT REPRESENTATIVE SIGNATURE    DATE
W-9
Request for Taxpayer Identification Number and Certification

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual
   - Sole proprietor
   - Corporation
   - Partnership
   - Single-member LLC
   - Limited liability company
   - Other

4. Exemptions (code applies only to certain entities, not individuals; see instructions on page 5)
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here
Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1000-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the fill-in form, you:

1. Certify that the TIN you are giving is correct (or that you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding.

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.
Officials, Recreation Centers and Individuals have often made requests for a list of officials interested in working regularly or upon occasion. If this is something you may be interested in, please complete the below requested information. You may include/exclude any information you wish. A list will be prepared and you will be contacted directly.

Name:____________________________________
Phone: ___________________________________
Address:__________________________________
E-mail Address:____________________________
________________________________________________________________________
Regions: Metro___  Pacific___   Valley___
Sports you are interested and trained in officiating_  
________________________________________