



# Umpires Application Form

Umpires Name \_\_\_\_\_ Birth Date: M \_\_\_ Y \_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

*Please check in the above circle the most preferred way of contacting you*

### If under the age of 18:

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Experience:  Never umpired  Umpired 1-3 years  Umpired 3+ years

### Umpire Availability:

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5						1	2
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30
																					31						

*Please cross out the days you know you will not be available in the above calendar*

### Requirements:

Umpires must be at least high school age and have a clear understanding of the game of baseball.

Umpires should have played in an organized baseball league

Umpires under the age of 18 must have parental approval

### Parent waiver for umpire under the age of 18

We hereby give consent and agree to release, indemnify and hold harmless the organization of Lincolnwood Baseball Association, it's sponsors, officers, directors, coaches and all representatives from any claims and liabilities of any kind which may arise at any time out of or in connection with Lincolnwood Baseball Association. We understand that Lincolnwood Baseball Association offers medical insurance as a secondary coverage to your personal in-force medical insurance provider. We hereby authorize officials representing Lincolnwood Baseball Association to obtain emergency medical treatment for my child for any illness and or injury required while participating in the Lincolnwood Baseball Association program.

Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_