



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 _____