



# Umpire Job Application

## La Crescent Youth Summer Baseball & Softball Program

Date: \_\_\_\_\_

<b>Applicant Last Name:</b>	<b>Applicant First Name:</b>
<b>Applicant Current Age:</b>	<b>What grade will you be in this fall?</b>
<b>Address:</b>	<b>City/State/Zip:</b>
<b>Applicant Cell #:</b>	<b>Applicant Home #:</b>
<b>Parent(s) Last Name(s):</b>	<b>Parent(s) First Name(s):</b>
<b>Parent Cell # :</b>	<b>Parent Email:</b>
<b>Have you umpired before? If yes, when?</b>	<b>Are you available to umpire June 1-July 31?</b>
<b>What days/weeks are you unavailable?</b>	<b>Identify skills/training you have related to umpiring (attach additional sheets or use back of form):</b>

### TERMS, CONDITIONS AND CONSENT

I, the applicant, agree to attend an umpire clinic and if hired as an umpire in the La Crescent Youth Ball Program (LYB), I agree to attend all games I am scheduled to work, or provide the Umpire Coordinator notice of any absences as soon as possible. I agree to follow the rules, policies and procedures of the LYB Program. As a representative of the LYB Program I also agree to be respectful to coaches, players, community members and others.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the parent/guardian of the applicant (a minor) agree to recognize the possibility of physical injury associated with umpiring baseball and softball games and I hereby release, discharge and/or otherwise indemnify the La Crescent Youth Ball Program, the League, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the applicant as a result of the applicants participation in the LYB Program and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the applicant I also hereby give consent for emergency medical care prescribed by a duly licensed medical/dental professional. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_