**USA UMPIRE REGISTRATION FORM**

ALL UMPIRES **MUST** FILL OUT THE FOLLOWING QUESTIONNAIRE **COMPLETELY** AND SUBMIT WITH APPROPRIATE FEES.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_ZIP: \_\_\_\_\_\_\_\_

PHONE #’S: HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) WHAT DAYS ARE YOU AVAILABLE TO WORK? CAN YOU BE REACHED DURING THE WORK DAY?

**MON. \_\_\_\_TUES. \_\_\_ WED. \_\_\_\_THURS. \_\_\_ FRI. \_\_\_\_ SAT. \_\_\_\_\_ SUN. \_\_\_\_\_**

2) PLEASE INDICATE THE FOLLOWING LEVELS OF SOFTBALL YOU OFFICIATE.

**FAST PITCH ( Y / N ) MODIFIED ( Y / N ) SLOW PITCH ( Y / N ) YOUTH ( Y / N )**

3) IF SELECTED WOULD YOU BE ABLE TO WORK AN **USA** TOURNAMENT? ( Y / N )

4) DO YOU HAVE ANY VACATION DATES SCHEDULED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) WHAT SOFTBALL LEAGUES DO YOU CURRENTLY OFFICIATE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) ARE THEY **USA** REGISTERED? ( Y / N ) DO YOU CARRY ADDITIONAL INSURANCE? ( Y / N )

7) PLEASE WRITE ANY COMMENTS YOU MIGHT HAVE TO IMPROVE OUR ASSOCIATION ON THE BACK OF THIS FORM.

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THE UNDERSIGNED, THEIR HEIRS AND ASSIGNS, HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE **USA SOFTBALL ASSOCIATION** AND **NEW JERSEY SHORE USA SOFTBALL ASSOCIATION,** AND ASSIGNORS THEREOF, ARISING FROM THEIR PARTICIPATION IN THESE ORGANIZATIONS. THE UNDERSIGNED, THE UNDERSIGNED UNDERSTANDS THAT HE/SHE IS NOT WAIVING ANY CLAIM THAT CAN BE SUBMITTED UNDER THE ACTIVE INSURANCE POLICYS. THE **USA** AND/OR **NJSUSA,** AND THEIR ASSIGNORS MAKE NO REPRESENTATIONS ABOUT THE SAFETY OF THE FIELDS OR EQUIPMENT BEING USED IN SAID GAMES ASSIGNED FOR AND THE UNDERSIGNED EXPRESSLY AGREE THAT BY THEIR PARTICIPATION IN THESE ORGANIZATIONS AND GAMES ASSIGNED FOR THEY ARE ASSUMING ALL RISKS INCIDENT OF THE GAME OF SOFTBALL WHERE PROPER ASA EQUIPMENT IS NOT USED. I, THE UNDERSIGNED AM PHYSICALLY FIT AND ABLE TO UMPIRE IN ANY LEAGUE AND HAVE FULL KNOWLEDGE THAT I AM AN INDEPENDENT CONTRACTOR FOR THE **USA** AND/OR **NJSUSA.**

**Umpire Signature**

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