

DP Umpire Registration Form

(Please print legibly)

Name: (last)_____ (first)_____ Male or Female

Street Address: _____

City:_____ State:_____ Zip:_____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

E-Mail:_____

Scheduling will be done primarily by email

Emergency Contact: _____ Phone: (_____) _____ - _____

Age:_____ (18 & older, enter "Adult") Total Years Umpiring: _____

Umpired at DP? _____Y _____N Is W-9 form attached? _____Y _____N

Last Year's Pay Per Game? \$ _____

Have you attended Umpire Clinics? _____Y _____N Where: _____

College Students: When will you be available for umpiring? _____

HIGHEST LEVEL UMPIRED:

8U-9U 10U-11U 12U-13U 14U-15U
Baseball: 1) Atom____ 2) Bantam____ 3) Midget____ 4) Juvenile ____ 5) 18 Yr+____

Softball: 1) 8 Und____ 2) 10 Und____ 3) 12 Und____ 4) 14 Und____ 5) 16Und+____

WHICH DAYS/EVENINGS ARE YOU AVAILABLE TO UMPIRE? INDICATE WITH X

	SUN	MON	TUE	WED	THUR	FRI	SAT
Day							
Evening							

Do you play in any Leagues or High School Ball? _____Y _____N If you have a Schedule of Game Dates, please attach it to this profile. We will try to schedule accordingly.

Have you been informed of Proper Dress Code? _____Y _____N

Hold Harmless Agreement

I agree to indemnify and save harmless the City of Dardenne Prairie from any claim, damages, or loss sustained by reason of participation in the Baseball/Softball Umpire Program, and hereby assume the risk of and hereby release the City of Dardenne Prairie, its officers, the coordinators, managers, parents, or any other individual, from any claim, damage, or loss by reason of any accident, injury, or damage to me or any person or property happening during the course of participating in the activities of the Baseball/Softball Umpire Program.

The umpire, or parent or guardian of the umpire if umpire is minor, states that they are adequately covered by their own personal insurance or elsewhere for incidents and accidents that may arise during games or practices.

By signing below you are agreeing to accept the above terms and conditions.

Name of Umpire:_____

Signature of Umpire:_____ Date:_____

Signature of Parent or Legal Guardian if Umpire is a minor under the age of 18 years:

_____ Date:_____