



# Southern Massachusetts Umpires Association

## Junior Candidate Registration form, & Liability Waiver

Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ D.O.B. / / \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Emergency Contact (I.C.E.):  
Name Relationship

Cell Phone Home phone

High School You Attend: \_\_\_\_\_

Dismissal Time: \_\_\_\_\_ Time You Arrive Home: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Do You Play an after School Sport, or work? \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_

Do you have Transportation to Game sites? \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_ to participate in the **Southern Massachusetts Umpires Association's** umpire clinic. I also give permission for my child to work as an on field umpire, in games assigned by the S.M.U.A. I certify that my child is in good physical condition, and has no restrictions from standing, running, or squatting for long periods of time. I certify that my child is covered by some form of **Medical**, and **Liability** insurance, to be supplied by either their parent, or legal guardian. I will supply proof of said insurance to the S.M.U.A., before being assigned any games. In accepting these conditions; I assume all risks involved in umpiring youth baseball. I will not hold the **S.M.U.A.**, any of its **members**, or its **Officers** liable for any injury, or financial loss before, during, or after, my child is umpiring games for the S.M.U.A. I also will supply my child with an S.M.U.A. sanctioned umpire's uniform, and arrange transportation for my child to, and from classes, meetings, and games.

The S.M.U.A. conducts background checks through the Massachusetts Sex Offenders Registry Board. Any person that is listed as either a Level 2, or Level 3 sex offender, will not be allowed to work youth baseball games assigned by the S.M.U.A. If you refuse to have a background check done, you will not be allowed to work games for the S.M.U.A.

I understand that the clinic fee is non-refundable under any circumstance, and must be paid in full before my child will be allowed to attend said classes.

Parent or Legal Guardian's signature: \_\_\_\_\_

Junior Candidate's signature: \_\_\_\_\_

Date:

---