



Southern Massachusetts Umpires Association

Junior Candidate Registration Form

(Please Print Clearly)

Fee Received

Amount: _____
 Check #: _____
 Reason: _____
 Date Received: _____
 Received By: _____

*Legal Name:		Nickname:	
*Address:		*Birth Date:	
*City/Town:		Age on May 1 st :	
*Zip Code:	*State:	County:	
*Cell Phone:	Home Phone:		
*Candidate's Email Address:			
Parent's Email Address:			

High school or Middle school you Attend:	
Present Grade:	Year of Graduation:
Dismissal Time:	Time you arrive home:

*Emergency Contact (I.C.E.)		
Name:	Relationship:	Cell Phone:
Name:	Relationship:	Cell Phone:

**Required information*

	YES	NO
1. Have you umpired baseball before?		
2. Do you play a sport or work afterschool?		
3. Do you currently have a driver's license or learner's permit?		
4. Do you have Transportation to Class, Meetings, and Game sites?		
5. Do You have any conflicts attending class on Monday and or Wednesday nights?		
6. If yes; Explain the conflict:		

Please Read Carefully, & Sign.

I hereby give permission for my child, _____ to participate in the Southern Massachusetts Umpires Association new umpires course. I also give permission for my child to work as an on-field umpire, in games assigned baseball games by assignors that may or may not be members of this association. I understand that the SMUA is a training association and does not assign any level of baseball games. 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 assignors., before my child is 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 while using the S.M.U.A.'s certification. I also will supply my child with an S.M.U.A. sanctioned umpire's uniform and understand that as a member of the S.M.U.A. my child will wear the sanction uniform while umpiring baseball games at any level. I also shall arrange transportation for my child to, and from classes, meetings, and games.

Initial: _____

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.

Initial: _____

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.

Initial: _____

*Parent or Legal Guardian's signature: _____

*Junior Candidate's signature: _____

Date: _____