

PLAINVIEW LITTLE LEAGUE UMPIRE APPLICATION & Parent WAIVER



Website: PlainviewBaseball.org

Inquiries: UmpireInChief@PlainviewBaseball.org

Name: _____ Date of Birth: _____ Sex: _____

Full Address: _____

PLAYER CELL PHONE: _____ School: _____ Grade: _____

PLAYER E-MAIL (Player must have own email address to be eligible to umpire): _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

HOME PHONE: _____

Umpire Shirt Size (circle one) SM MD LG XL 2XL

All candidates must be a minimum of 13 years old by April 1st of the CURRENT SCHOOL YEAR.

PARENTAL WAIVER AND CONSENT FORM

As the parent of legal guardian of the child named, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Print Parent Name: _____ Date: _____

Parent Signature _____ Parent Cell Phone: _____

(Application will be rejected without signature)