

Springboro Officials Association Umpire Application

Applicant's Information:

Name: _____ Birth Date: _____ Age: _____
Address: _____
City/Zip: _____ Phone: _____ Cell: _____
Email: _____

Parent Information and Consent:

Mom's Name: _____ Mom's Daytime Phone: _____ Cell: _____
Mom's Email: _____
Dad's Name: _____ Dad's Daytime Phone: _____ Cell: _____
Dad Email: _____

***Please list at least one parent's email contact to help in scheduling and game update notifications.*

General Health Information:

Is the applicant covered by a health insurance plan? Yes _____ No _____

If YES, please complete the information below:

Type: HMO _____ PPO/POS _____ State Plan _____

Name of Primary Insurance Carrier: _____

Name of Primary Care Physician: _____

Primary Care Physician's Phone: _____

Does the applicant have any health conditions which could be impacted by his/her participation as a youth umpire? (A youth umpire may have to run short distances, and may be hit by balls, bats or gloves in the normal and usual course of a game): Yes _____ No _____

If YES, please explain: _____

Does the applicant have any known allergies of which SOA or medical personnel should be aware?

Yes _____ No _____ If yes, please list: _____

I, grant permission for my child, _____, to participate in the SOA youth umpire program for the **Spring/Summer/Fall 2009 Baseball/Softball season**. I know that participation in any sports-related activity, such as the umpiring of Baseball/Softball games can result in serious injuries to my child. Protective equipment does not prevent all injuries to umpires.

Date: _____ Signed: _____
Parent's Signature (or primary legal guardian)

In case of an emergency medical situation or condition, if I am not available, I hereby authorize my child to be treated by a medical technician who is available.

Date: _____ Signed: _____
Parent's Signature (or primary legal guardian)

In the event of an emergency should SOA representatives or medical personnel not be able to reach me, please contact the following person:

Name: _____ Relationship to applicant: _____

Phone: _____

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Experience:

Do you have previous umpiring experience? Yes _____ No _____

If yes, was this previous experience with the Springboro Youth Umpire Program? Yes _____ No _____

If you umpired for SCBA, please list the seasons:

If you umpired for a different organization, please list the name of the organization and the season(s):

Have you attended any umpire training? Yes _____ No _____

If yes, approximate number of clinics and approximate dates. (Example: 3 sessions – early Spring 2003)

Additional Information:

SOA requires all of its Youth Umpire applicants to attend the free training sessions through SOA and requires that each umpire obtain a passing grade (min 75 %) on the written test given at the conclusion of the training sessions. **The umpire clinic is spread across six dates plus a final exam date and potential umpires are required to attend five training sessions plus the final exam.** The potential umpires will be made aware of the training session dates, and these dates will be posted on the calendar at www.teamschaaf.com.

As part of the training sessions, you will be provided with a workbook and rulebook. Once issued, the workbook and rulebook are yours to keep. Please bring them with you to every class and to every game.

Once you have completed your training sessions and obtained a passing grade on the written test, you will be issued an umpire shirt, hat, clicker and plate brush. **You will then have to sign up for a mandatory on-field training session that will be scheduled in April.** You will be unable to sign up to work games without completing the entire training series, which includes the mandatory on-field training.

Additionally, all umpires will be required to attend monthly association meetings throughout the season.

For additional information, contact the Umpire Director. Contact information can be found at www.teamschaaf.com under the "Contact Us" link.

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Notice to Applicant:

SOA considers all umpires to be independent contractors. This means that SOA will not hold back any amounts from the money owed to you in order to pay taxes. You will be paid by cash. In order to be paid, you will need to fill out an umpire game report, which will be explained during training. SOA cannot pay you until your umpire game report is filled out. The amount will be based on the division of the game you work, if you worked the plate or bases, and whether you work alone or with a partner. You will not be paid for games you do not work.

As part of your responsibilities, you will be required to use certain safety equipment during the season. Examples of this equipment include shin protectors, chest protector and face mask. This equipment will be supplied by you. SOA is not responsible for supplying safety equipment for umpires. You should proceed to the designated field on which you are scheduled to work. You should arrive at this field, dressed and ready to go, fifteen minutes prior to the game time. You are required to have a pre-game meeting with the head coaches before **every** game. At this time, you should get your lineup cards signed by each coach. This will verify your attendance at the game.

In the event that you are unable to umpire a particular game that you are scheduled to work, you agree to attempt to contact other SOA qualified umpires to fill in for you in your absence. In the event you are not able to find a replacement, you agree to contact the Umpire Director as far in advance as possible to make him aware of your inability to work the game. Failure to show up at ONE game that you are scheduled to work, without finding a replacement or contacting the Umpire Director, will result in the revocation of your privilege to work future games.

Please speak with your parent(s) about the above notice, and be sure you understand it before signing the below statement.

Applicant's Acknowledgement:

In participating in the SOA Youth Umpire program I acknowledge that I am considered to be an independent contractor. I understand that SOA will pay me bi-weekly, provided I have completed an Umpire Game report. The amount will be based on the pay scale I have been given for the division game I have worked. I realize that SOA will not withhold taxes from the amount due to me. If I owe taxes, I know that I will have to pay them, as I am not an actual employee of SOA.

I have read and I understand the information above.

Applicant's Signature: _____

Parent's Signature: _____

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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 in the activity designated above.

I understand that there are certain risks of injury inherent in 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 except as listed above.

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 activities incidental thereto, whether the result of negligence or any other cause.

Signature _____

Date _____

(Application will be rejected without signature)