

LIBERTYVILLE LITTLE LEAGUE 2014

UMPIRE APPLICATION

First Name:

Last Name:

Street Address (Include Apartment or Suite #):

City:

Zip Code:

Home Phone Number: - -

Other Phone Number: - -

E-Mail Address:

#Years Umpiring with LLL: _____

Age: _____

List any days and/or times that you know that you cannot umpire:

The above information regarding my son/daughter is correct. I/We know that participation in baseball umpiring may result in serious injuries to my/our child. Protective equipment does not prevent all injuries to players. My son/daughter has my permission to participate fully Libertyville Little League games as an umpire. To the best of my knowledge, my son/daughter has no physical impairments or health conditions that might restrict his/her participation. I agree to indemnify and hold harmless the Libertyville Little League, its officers, directors, managers, coaches and staff members from all expenses or damages on account of any physical injury sustained by my son/daughter as a result of his/her participation in the above activities. If emergency treatment is necessary and parent/guardian are unavailable, I hereby give my permission for my child/children to be taken to the nearest doctor or hospital and agree to pay all fees in connection with such treatment or service.

PARENT/GUARDIAN SIGNATURE

DATE