

**MADISON SUMMER BASEBALL/ SOFTBALL FEDERATION
UMPIRE REGISTRATION - 2025**

Umpire meeting/clinic will be held SUNDAY, APRIL 27th from 3:00 – 5:00 pm

DATE: _____

Name _____ Age Now _____

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Can we call you at work? YES NO Are you OHSAA registered? YES NO

Umpiring Experience: Did you umpire for us last year? YES NO
Did you umpire at another park or for another organization? YES NO

LEAGUES YOU ARE WILLING TO UMPIRE IN: (circle accordingly)

BOYS: 8-U (CP) 10-U 12-U 15-U (must be registered)

GIRLS: 8-U (CP) 10-U 12-U 15-U (must be registered)

NIGHTS you can umpire: (circle accordingly) MON TUES WED THUR FRI

Times you can umpire on **SATURDAY:** (circle accordingly) 10 AM 12 PM 2 PM

Times you can umpire on **SUNDAY:** (circle accordingly) 1 PM 3 PM 5 PM

Days you already know you will be unavailable such as vacation, camps, and other commitments:

Shirt Size: (Circle One)	SM	MED	LG	XL	XXL	XXXL
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PARENTAL AUTHORIZATION

I, parent or guardian of (umpire) _____ hereby give approval to his/her participation in any and all MADISON SUMMER BASEBALL/SOFTBALL FEDERATION activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive any and all claims against the Madison Summer Baseball/Softball Federation program or its representatives on account of any accident or injury or other damage that may be incurred to (umpire) _____ on said umpires property in connection with, or incidental to, the above named program.

I, also grant permission to managing personnel or other league reps to authorize and obtain medical care from any licensed physician, hospital or medical clinic should umpire become ill or injured while participating in league activities away from home when neither parent is available to grant authorization for emergency treatment. **IT IS STRONGLY RECOMMENDED THAT ALL UMPIRES IN THIS PROGRAM HAVE THE BENEFIT OF SOME TYPE OF ACCIDENT INSURANCE IN CASE OF INJURY.**

Please name your Insurance Company _____

Signature of Parent or Guardian _____ Date _____

Printed Signature of Parent or Guardian _____