

CARLSBAD UMPIRE APPLICATION

P.O. Box 4475 * Carlsbad, CA 92018 * (760)599-3210

Date: _____ Check Season: Fall _____ Spring _____ Year: _____

Player: _____
Last First Middle

Birth Date: _____
Month/Day/Year

Address: _____ City: _____

Zip: _____

Email Address (Mandatory): _____@_____

Home Phone: () _____ Alt. Phone: () _____ Cell Phone: () _____

Parent's/Spouse's Name:

(Father/Husband) _____ (Mother/Wife) _____

Years Experience in Umpiring: _____ Plate: _____ Bases: _____

Division Worked: Mustang Bronco Pony Colt

PARENT AUTHORIZATION

I certify that I am the parent or legal guardian of the above named candidate, applying for a position in PONY Baseball Youth Umpire Program, hereby give approval to their participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activity, and hereby waive, release, absolve, indemnify, and agree to hold harmless the local league organization, PONY Baseball, Inc., the organizers, sponsors, supervisors, participating parents, and persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to the managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league activities away from home or at time when neither parent is available to grant authorization for emergency treatment.

Signature of Parent or Legal Guardian Relationship Date