

SABINO CANYON LITTLE LEAGUE

Umpire Application Form

Name: _____ Occupation: _____ Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please answer all of the following questions. An interview may be required at the discretion of the league.

1) Do you have a Division/Age preference? No, Yes

If yes, list: _____

2) Approximately how many hours per week can you devote to umpiring? _____

3) List any previous umpiring experience (include age groups, location, divisions, etc.): _____

4) List any baseball experience other than umpiring: _____

5) Would prefer to be paid or would volunteer as an umpire? Paid, Volunteer

If given an Umpiring position with Sabino Canyon Little League (SCLL), I agree to promote the purpose of this program and to abide by the SCLL Constitution and by-laws, the national Little League Playing Rules, and other rules and policies established by SCLL. I will attend a league sponsored umpiring clinic before the current season starts. I understand that I may be suspended or removed for violation of said rules, regulations, and policies.

Umpire Signature: _____ Date: _____

Notice

Disclaimer and Waiver of Liability

The Sabino Canyon Little League will be using both paid and volunteer umpires. All unpaid (volunteer) umpires are covered under Sabino Canyon League coverage for injuries received while umpiring a game. All paid umpires are excluded from insurance coverage.

- 1) All paid Umpires hereby waive any claim they may have against the Sabino Canyon Little League for injuries suffered in the course of their duties as a paid Umpire.
- 2) All paid Umpires must acknowledge by execution of this document that they have medical insurance policies to cover them in case of injury during the course of Little League umpiring.
- 3) All paid Umpires must produce proof of medical insurance upon demand of Sabino Canyon Little League.
- 4) All paid Umpires agree to indemnify and hold harmless the League against any loss the League suffers as a result of the paid Umpire being injured in the course of his or her duties.

The following signer must be 18 years of age or older. If under 18, parent or guardian must sign below:

Name: _____ Signature: _____ Date: _____

Please bring form to season registration day or mail completed form to:

Sabino Canyon Little League
P.O. Box 30698
Tucson, AZ. 85751