Springville	Little League/ Umpire Safety F	k Softbal	
Umpire's Name			Vinte Sil
Date of Birth / /			V
List any health issue(s) the lea	ague should know about:		
		 	-
In case of an emergency plea	ase contact:		
	Phone:	 	
	Phone:		

I/We, the parent(s) or legal guardian(s) of the above named candidate seeking to be an umpire in Springville Little League and Springville Youth, Inc, hereby give my/our permission for him/her to engage in umpiring activities in Springville Little League, Springville Youth, Inc

I/we understand that I/we are responsible for transporting the candidate to and from umpiring activities. I/We know that participation in baseball & softball activities, including umpiring activities, may result in serious injuries or death and protective equipment does not prevent all injuries to players and umpires, do hereby waive, release, absolve, indemnify and agree to hold Springville Little League, Springville Youth, Inc or its successors, other league affiliations, the organizers, sponsors, supervisors, managers, coaches, and participants for any and all claims arising out of any injury to my/our child whether the result of negligence or for any other cause.

l/We agree to return upon request the equipment issued to my/our child in as good condition as when it was received exceptfor normal wear and tear.

l/We understand that not all candidates will be selected as umpires, and that the selection of umpires and the scheduling of umpires to officiate games is at the discretion of the Chief Umpire based upon knowledge of the rules, experience, motivation, responsibility, attendance, punctuality and performance evaluations.

Umpire's Signature:	
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Parent or Guardian's Signature

Parent or Guardian's Printed Name:

NOTE: SPRINGVILLE Little League and Little League Baseball, Inc, and Springville Youth, Inc. do not limit participation in its activities on the basis of disability, race, color, creed, national, origin, sexual preference or religious preference.