

Umpire Application Form

Conejo Valley Little League

Return Completed and Signed Application form to:

Scott Trautman (Umpire Scheduler)
1945 Nowak Ave.
Thousand Oaks, CA 91360

Please return application by January 30

Questions? Call Scott Trautman (805)494-0084 or Neil Cullen (805)558-9293

Umpire Information

(Must Be At Least 13 Years of Age)

Name: _____ **Phone:** _____

Address: _____ **Age:** _____ **Shirt Size** _____

_____ **Birth Date:** _____

_____ **email:** _____

Umpires are required to have an email address that is checked regularly. Umpire communication and scheduling depends on it.

Umpire History

Divisions You Have Umpired In:	Plate	Bases
Big League	_____	_____
Seniors	_____	_____
Juniors	_____	_____
Majors	_____	_____
Minor American	_____	_____
Minor National	_____	_____
Minor International	_____	_____

Other Leagues/Divisions Please Specify _____

Past Number of Years Experience: _____

Will You Be Playing Baseball This Year? **Yes** **No**

Please List Any Previous Umpire Training/Clinics You Have Taken:

(OVER)

***CONEJO VALLEY LITTLE LEAGUE UMPIRE
WAIVER
ASSUMPTION OF RISK AND LIABILITY***

UNDERSTANDING THAT THERE IS A CERTAIN RISK OF BEING INJURED WHILE INVOLVED IN UMPIRING LITTLE LEAGUE BASEBALL GAMES, AND IN CONSIDERATION OF MY PARTICIPATION IN THE CONEJO VALLEY LITTLE LEAGUE AS AN UMPIRE, I AGREE TO HOLD HARMLESS AND WAIVE ALL LIABILITY CLAIMS AGAINST THE *CITY OF THOUSAND OAKS, CONEJO RECREATION AND PARK DISTRICT, AND CONEJO VALLEY LITTLE LEAGUE*, THEIR *OFFICERS, AGENTS AND EMPLOYEES* FROM ANY PHYSICAL INJURIES OR PROPERTY DAMAGE THAT MAY ARISE FROM MY PARTICIPATION; AND DO AFFIRM THAT MY PHYSICAL CONDITION AND HEALTH PERMIT ME TO PARTICIPATE IN THE LEAGUE. FURTHER, I AGREE TO BEAR ALL INSURANCE AND RECOVERY COSTS RELATED TO PHYSICAL INJURY AND PROPERTY DAMAGE THAT MAY RESULT FROM MY PARTICIPATON.

(Must Be At Least 13 Years Of Age)

NAME OF PARTICIPANT: _____
(PRINT LEGIBLY)

SIGNATURE
OF PARTICIPANT: _____ ***DATE:*** _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE-SIGNATURE OF PARENT OR
LEGAL GUARDIAN: _____ ***DATE:*** _____