



Howell Area Junior Baseball Association  
Youth Umpire Application

**Applicant's Information:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent Information and Consent:**

Mom's Name: \_\_\_\_\_ Mom's Daytime Phone: \_\_\_\_\_

Mom's Email: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Daytime Phone: \_\_\_\_\_

Dad Email: \_\_\_\_\_

*\*\*Please list at least one parent's email contact to help in scheduling and game update notifications.*

**General Health Information:**

Is the applicant covered by a health insurance plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please complete the information below:

Type: HMO \_\_\_\_\_ PPO/POS \_\_\_\_\_ Kaiser \_\_\_\_\_ State Plan \_\_\_\_\_

Name of Primary Insurance Carrier: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Primary Care Physician's Phone: \_\_\_\_\_

Does the applicant have any health conditions which could be impacted by his/her participation as a youth umpire? (A youth umpire may have to run short distances, and may be hit by balls, bats or gloves in the normal and usual course of a game): Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain:

Does the applicant have any known allergies of which HAJBA or medical personnel should be aware?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_

I, grant permission for my child, \_\_\_\_\_, to participate in the HAJBA youth umpire program through the conclusion of the (circle) **Spring/Fall 2008 Baseball/Softball season**. I know that participation in any sports-related activity, such as the umpiring of Baseball/Softball games can result in serious injuries to my child. Protective equipment does not prevent all injuries to umpires. In case of an emergency medical situation or condition, if I am not available, I hereby authorize my child to be treated by a medical technician who is available.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Parent's Signature (or primary legal guardian)

In the event of an emergency should HAJBA representatives or medical personnel not be able to reach me, please contact the following person:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Phone#: \_\_\_\_\_

**Experience:**

Do you have previous umpiring experience? Yes \_\_\_\_ No \_\_\_\_

If yes, was this previous experience with the HAJBA Youth Umpire Program? Yes \_\_\_\_ No \_\_\_\_  
If you umpired for HAJBA, please list the seasons:

\_\_\_\_\_

\_\_\_\_\_

If you umpired for a different organization, please list the name of the organization and the season(s):

\_\_\_\_\_

Have you attended any umpire training? Yes \_\_\_\_ No \_\_\_\_

If yes, approximate number of clinics and approximate dates.

\_\_\_\_\_

(Example: 3 sessions – early Spring 2003)

HAJBA requires all of their Youth Umpire applicants to attend the two free training sessions through HAJBA and requires that each umpire obtain a passing grade on the written test given at the conclusion of the second training session. **The umpire clinic is spread across two dates and potential umpires are required to attend both training sessions.** The potential umpires will be made aware of the training session dates, and these dates will be posted on the calendar at [www.howellbaseball.com](http://www.howellbaseball.com).

As part of the training sessions, you will be provided with a rulebook. You will be required to purchase this rulebook from us at a cost of \$5.00. Once purchased, the rulebook is yours to keep. Please bring this \$5 with you to the first training session.

Once you have completed your training sessions, and obtained a passing grade on the written test, you will be provided with an umpire shirt, hat, clicker and plate brush. The cost of these items to you will be \$10. Once purchased, these items will be yours to keep.

For additional questions or information, contact the Umpire in Chief, Mike Matwiejczyk at [susanandmikem@comcast.net](mailto:susanandmikem@comcast.net).

**Notice to Applicant:**

Hajba considers all umpires to be independent contractors. This means that Hajba will not hold back any amounts from the money owed to you in order to pay taxes. You will be paid by cash. In order to be paid you will need to fill out an umpire game report, which Hajba will provide to you. Hajba cannot pay you until your umpire game report is filled out. The amount will be based on the division of the game you work, and whether you work alone or with a partner. You will not be paid for games you do not work.

As part of your responsibilities, you will be required to use certain safety equipment during the season. Examples of this equipment include shin protectors, chest protector and face mask. This equipment will be located in the concession stand at each of the field locations. Thirty minutes prior to a game you are scheduled to work, you should go to the concession stand, remove the equipment from the designated area in the concession stand, and put it on. Once you are equipped, you should proceed to the designated field you are scheduled to work on. You should arrive at this field, dressed and ready to go, fifteen minutes prior to the game time. Once the game is completed, you are to return to the concession stand and place your safety equipment back in its designated area. Once this is done, you will give your completed "Umpire Game Report" to the designated Umpire supervisor in the concession stand. They will confirm that your equipment has been returned, and pay you for your game. You can also choose to purchase this safety equipment on your own through an authorized dealer. Regardless of where you get the equipment from, the equipment used by you should be in good condition.

**In the event that you are unable to umpire a particular game that you are scheduled to work, you agree to attempt to contact other Hajba qualified umpires to fill in for you in your absence. In the event you are not able to find a replacement, you agree to contact the League Commissioner as far in advance as possible to make him aware of your inability to work the game. Failure to show up at two games that you are scheduled to work, without finding a replacement or contacting a commissioner, will result in the revocation of your privilege to work future Hajba sponsored games.**

Please speak with your parent(s) about the above notice, and be sure you understand it before signing the below statement.

**Applicant's Acknowledgement:**

In participating in the Hajba Youth Umpire program I acknowledge that I am considered to be an independent contractor. I understand that Hajba will pay me at the end of each game, provided I have completed an Umpire Game report. The amount will be based on the pay scale I have been given for the division game I have worked. I realize that Hajba will not withhold taxes from the amount due to me. If I owe taxes, I know that I will have to pay them, as I am not an actual employee of Hajba.

I have read and I understand the information above.

Applicant's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_