



SUN PRAIRIE LITTLE LEAGUE UMPIRE APPLICATION



The Sun Prairie Little League is seeking energetic, responsible, and disciplined individuals for umpire positions in our league. If you are interested in becoming an umpire please complete this application form. Adults and kids older than the age of 13 (thirteen) are encouraged to apply. All umpires are required to attend training provided by Wisconsin Little League District 4 and/or the Sun Prairie Little League. Protective equipment will be provided by the Sun Prairie Little League. Umpires will be required to purchase umpire uniforms appropriate for the division for which they will officiate. See www.spill.org for more information.

APPLICANT INFORMATION

PLEASE PRINT CLEARLY - ALL INFORMATION IS REQUIRED

NAME: _____ BIRTH DATE: ____/____/____ SEX: M F
LAST FIRST M.I. MO DAY YEAR CIRCLE ONE

ADDRESS: _____ EMERGENCY PHONE: _____

CITY: _____ ZIP: _____ MEDICAL INS: _____
CARRIER POLICY/PLAN/GROUP NO.

EMAIL: _____ HOME PH: _____ CELL PH: _____

✓	Select all the divisions for which you wish to umpire.	Ump Min Age
<input type="checkbox"/>	MINOR LEAGUE BASEBALL (AGES 9-10)	13
<input type="checkbox"/>	MAJOR LEAGUE BASEBALL (AGES 11-12)	13
<input type="checkbox"/>	JUNIOR LEAGUE BASEBALL (AGES 13-14)**	18
<input type="checkbox"/>	MINOR LEAGUE GIRLS SOFTBALL (AGES 9-10)	13
<input type="checkbox"/>	MAJOR LEAGUE GIRLS SOFTBALL (AGES 11-12)	13
<input type="checkbox"/>	JUNIOR LEAGUE GIRLS SOFTBALL (AGES 13-14)	18

**For in-house games only. Inter-league games use umpires from District 4.

My Experience: _____

I attest that all the information provided above is true and accurate.

APPLICANT SIGNATURE: _____ DATE: _____

PARENT PERMISSION

Non-adult umpires are required to get parent permission to officiate in the Sun Prairie Little League. I, the parent of the above named umpire applicant, hereby give my/our approval to participate in any and all Little League umpire activities. I know that participation may result in serious injuries and protective equipment does not prevent all injuries to umpires. I have read the insurance coverage statement provided by Sun Prairie Little League. I hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, it's officers and directors, Little League Baseball Incorporated, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by the accident or liability insurance. I also grant permission for emergency medical treatment to be administered should the need arise.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS APPLICATION TO:
Sun Prairie Little League, Inc.
P.O. Box 193
Sun Prairie, WI 53590