

# WBSI REGISTRATION

WARREN BASEBALL SOFTBALL, INC. P.O. Box 4462 Warren New Jersey 07059  
WWW.WARRENBASEBALLSOFTBALL.COM

*Please type or print clearly*

| U M P I R E A P P L I C A T I O N   |                                     |                               |                                 |
|---|-------------------------------------|-------------------------------|---------------------------------|
| Umpire's Information Section  |                                     |                               |                                 |
| Last Name:  | First Name:                         |                               |                                 |
| Address:  | Town:                               |                               |                                 |
| Phone (include area code):  | E-mail address:                     |                               |                                 |
| Date of Birth:  | Grade:                              | School:                       |                                 |
| Umpiring experience (seasons):  |                                     | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Umpires: All students in grades 7 and up are eligible to umpire all leagues except Major Boys, Major Girls, and Boys Senior. A mandatory umpire's clinic will be held (place and date to be announced).   |                                     |                               |                                 |
| Emergency Contact Section (completed for all Minor's)   |                                     |                               |                                 |
| Mother's Name:  | Father's Name:                      |                               |                                 |
| Mother's Day Phone: (     )   | Father's Day Phone: (     )         |                               |                                 |
| Mother's Cell Phone: (     )  | Father's Cell Phone: (     )        |                               |                                 |
| Emergency Contact #1: Name  | Emergency Contact #1: Phone (     ) |                               |                                 |
| Emergency Contact #2: Name  | Emergency Contact #2: Phone (     ) |                               |                                 |
| <b>Insurance will not be provided by or through the Warren Baseball Softball, Inc.</b>  |                                     |                               |                                 |
| <b>ALL MUST COMPLETE.</b>   | Insurance Company:                  | Policy #                      |                                 |
| <p>I/we assume all risks and hazards incidental to the above activity and for transportation to and from the above activity. I/We do hereby release, absolve, indemnify and hold harmless and faultless the Warren Baseball Softball Inc., its coaches, and its representatives from any claims or suits of any kind whatsoever incident to involvement or participation in these programs. The registration fee is not to be interpreted as an insurance fee. Insurance will be the responsibility of the participant or child's parent(s) for any injury of loss incurred while participating in the WBSI Program. I further grant the WBSI the right to use the player's/participant's name, picture and/or likeness in printed, broadcast and other material concerning the Programs, provided such use is related to the player's/participant's status as a participant in the Programs.</p> |                                     |                               |                                 |
| <p>I/we affirm that all the information furnished in this application is accurate, true and correct. I/we further understand that knowingly providing or submitting any false, fraudulent, deceptive information or data on or with this application or displaying, exhibiting or uttering a falsely made, forged, altered, counterfeit or simulated birth certificate and/or application may result disciplinary action, up to and including expulsion or removal for me and or my child from any and all WBSI programs. I/we have received notice that I/we may be required to produce an original birth certificate at the request of WBSI.</p>  |                                     |                               |                                 |
| <p>I/we agree to the sole, exclusive and final jurisdiction and authority of The WBSI's Officers and Board of Directors over any, ruling, dispute, disagreement or matter having impact or effect upon their baseball/softball program, rules, tournaments, administration or games. I/we voluntarily and of my/our own free will, elect to participate in the WBSI programs.</p>   |                                     |                               |                                 |
| Adult Applicant or Parent/Guardian Signature:   |                                     |                               | Date:                           |