

BETHLEHEM UMPIRES ASSOCIATION

"Serving the Amateur Baseball Community since 1981"

- MEMBERSHIP APPLICATION -

NAME

ADDRESS

Street Address

City

Zip

HOME PHONE

CELL

EMPLOYER

Email

UMPIRING EXPERIENCE:

List Level and Number of Years Experience (Little league, Teener, High School, Adult Leagues)

PLAYING EXPERIENCE:

List the Highest Level Played and Number of Years Played (High School, College, Adult Leagues, Etc.)

AVAILABILITY:

WEEKDAY at 5:45 P.M. YES NO

WEEKENDS 11A.M. to 7P.M. YES NO

IF NO, WHAT HOURS ARE YOU AVAILABLE

**DO YOU HAVE AN INDIVIDUAL MEANS OF TRANSPORTATION IN
ORDER TO GET TO ALL ASSIGNED GAMES?**

YES NO

WHY I WANT TO BECOME AN UMPIRE

In 50 words or less explain why you would like to become an
umpire (on next page)

RECOMMENDATIONS (Must be Completed)

List names and Addresses of members who have recommended me for a position in the association

NAME

PHONE

ADDRESS

Street Address

City

Zip

NAME

PHONE

ADDRESS

Street Address

City

Zip

I know and understand that participation in baseball may result in serious injuries and that protective equipment does not prevent all injuries to umpires and players and do hereby waive, release, indemnify, and agree to hold harmless the Bethlehem Umpires Association, the organizers, sponsors, officers, assignors, contracted leagues and volunteers from any claim arising out of any injury whether the result of negligence or for any other cause.

I will abide by all rules and bylaws of the Bethlehem Umpires Association. I understand that any violation of the association's rules or bylaws may result in suspension or termination of my membership privileges as determined by the Executive Board of the association and/or the membership of the association. I also understand that I have the right of appeal of any disciplinary actions and agree that the decision of the Executive Board shall be final.

SIGNATURE

DATE

Signature of this document does not convey membership to the Bethlehem Umpires Association. Membership will be granted upon approval of the Association and its members.

APPROVED

REJECTED

DATE

MAIL COMPLETED APPLICATION TO:

MAIL: BUA, c/o Michael Carbonaro, 3140 10th Street, Bethlehem, PA 18020

or

PREFERRED: Scan or take photo and send a copy to bethumpassoc@gmail.com