



# THURMONT LITTLE LEAGUE JUNIOR UMPIRE CONSENT FORM



I, \_\_\_\_\_, as parent and/or legal guardian, do hereby grant permission for \_\_\_\_\_ to umpire Little League® Baseball and/or Softball at Thurmont Little League and Maryland District 2 Little League games and facilities.

Safety is of the utmost importance to Thurmont Little League and we take all possible precautions to minimize risk and potential of injury. With this stated, Umpiring is part of a live sporting event and not every risk can be anticipated or eliminated.

I hereby release Thurmont Little League, its employees, agents, and volunteers, from any and all liability, claims, demands, causes of action, and possible causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child while umpiring with Thurmont Little League.

I understand that personal injury can and may occur and I hereby authorize Thurmont Little League to seek and consent to emergency medical attention as needed in an emergency situation. Every attempt will be made to contact the child's parent/guardian/emergency contact first if possible.

Please use space below to share any allergies or any other pertinent health information.

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Thank You!

I agree and consent to all of the above stated.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_