

PBO UMPIRE FORM

PLAYER INFO:

Umpire Name: _____ Birth date: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Address: _____

Please list any medical conditions that you want to share?

PARENT INFO:

Mother's Name: _____

Mother's Cell Phone #: _____

cc on umpire text messages (please circle)? YES or NO

Mother's Email: _____

cc on umpire email correspondence (please circle)? YES or NO

Father's Name: _____

Father's Cell Phone #: _____

cc on umpire text messages (please circle)? YES or NO

Father's Email: _____

cc on umpire email correspondence (please circle)? YES or NO

Emergency contact if parents cannot be reached: _____

Emergency contact's phone #: _____

LEAGUE INFO:

If you play PBO, which division and team? _____

PBO Part Time Travel, which team? _____

If you have siblings that play PBO, which division/which team?

How many years of umpiring experience do you have? _____

Does PBO have your mission to contact the umpire directly (please circle)? YES or NO

To be signed by a parent if the above umpire is younger than 18 years old: I grant my permission for my son to umpire for Palos Baseball Organization, Inc. Unless marked "NO" above, you may contact my son with phone calls, text messages, and/or emails for umpiring purposes, and I have marked whether or not to copy his parents on the text messages and emails.

Signature of parent: _____ Date: _____

Printed name of parent: _____