



YOUTH UMPIRE REGISTRTION

PLEASE PRINT

| | | | |
|----------------------|------------|---------------------|----------------------------|
| LAST NAME | FIRST NAME | MI | |
| STREET ADDRESS | | MAJOR CROSS STREETS | Birth Date: MO/Day/Year |
| CITY | ZIP | | Home Phone: () |
| FAX NUMBER: () | | e-mail: | |

PARENT/GUARDIAN INFORMATION

| | |
|---|------------------------|
| FATHER | HOME PHONE () |
| HOME ADDRESS | WORK PHONE () |
| CITY | ZIP |
| EMERGENCY CONTACT NO. Cell / Pager / Other () | |
| MOTHER | HOME PHONE () |
| HOME ADDRESS | WORK PHONE () |
| CITY | ZIP |
| EMERGENCY CONTACT NO. Cell / Pager / Other () | |

Parental Authorization:

I/We, the parent(s) or guardian(s) of the above-named child, hereby give my/our approval for him/her to participate in any and all of the activities of Fountain Valley Youth Baseball during the current season. I/We do further release, absolve, indemnify, and agree to hold harmless Fountain Valley Youth Baseball, Inc., the organizers, sponsors, directors, supervisors, participants, and persons transporting the child to and from league activities, for any claim arising out of an injury to the child except to the extent and in the amount covered by accident and/or liability insurance held by the local league. I/We also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the child become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

Signature of parent/guardian _____ Date _____