

**2019 CITY OF CHESTER UMPIRE CLINIC
SATURDAY, MARCH 16, 2019**

UMPIRE INFORMATION:

Name: _____

Phone Number: _____

Is this a cell? YES NO Do you text? YES NO

Address: _____

Birthdate: _____

Age: _____

Gender: **(Circle One)** FEMALE MALE

Team Shirt Size: **(Circle One)**

YOUTH: M (10-12) L (14-16)

ADULT: SMALL MEDIUM LARGE X-LARGE

PARENT #1:

Name: _____

Phone Number: _____

PARENT #2:

Name: _____

Phone Number: _____

EMERGENCY CONTACT (IF PARENTS CAN'T BE REACHED)

Name: _____

Phone Number: _____

Relationship to Player: _____

FOR LEAGUE USE ONLY

CASH CHECK # _____ OTHER

REGISTRATION FEE PAID: _____

TEAM AGE: _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this information carefully and be aware that in signing the form and participating in this event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with or associated with this event.

I recognize and acknowledge that there are certain risks of physical injury to participants in this event and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I my minor child/ward or I may have as a result of participating in this event against the City of Chester, including their officials, agents, volunteers, employees, and sponsors.

I do hereby fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from any and all claims for injuries, damages or loss that I or my minor child/ward may have, or which may accrue to me and arising out of, connected with, or in any way associated with this event.

PARTICIPANT SIGNATURE:

PARENT PRINTED NAME:

DATE: _____

PARENT SIGNATURE: (IF UNDER 18 YEARS OF AGE)

PARENT PRINTED NAME:

If you have any questions you may contact the Recreation Director's office at 618-826-1430 or chesterrecreation@chesterill.com.

Please use one registration form per participant. Please print all information legibly.

**2019 CITY OF CHESTER UMPIRE CLINIC
RECERTIFICATION**

UMPIRE INFORMATION:

Name: _____

Phone Number: _____

Is this a cell? YES NO Do you text? YES NO

Address: _____

Birthdate: _____

Age: _____

Gender: **(Circle One)** FEMALE MALE

Team Shirt Size: **(Circle One)** \$10.00 EACH

YOUTH: M (10-12) L (14-16)

ADULT: SMALL MEDIUM LARGE X-LARGE

Indicator: \$5.00 EACH

PARENT #1:

Name: _____

Phone Number: _____

PARENT #2:

Name: _____

Phone Number: _____

EMERGENCY CONTACT (IF PARENTS CAN'T BE REACHED)

Name: _____

Phone Number: _____

Relationship to Player: _____

FOR LEAGUE USE ONLY

CASH CHECK # _____ OTHER

FEES PAID: _____

TEAM AGE: _____

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My signature below indicates that I have read and agree to the Waiver and Release of All Claims and Assumption of Risk Form.

PARTICIPANT SIGNATURE:

PARENT PRINTED NAME:

DATE: _____

PARENT SIGNATURE: (IF UNDER 18 YEARS OF AGE)

PARENT PRINTED NAME:

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