

2020 CITY OF CHESTER REC LEAGUE UMPIRE REGISTRATION/CLINIC

**UMPIRE INFORMATION: (this is the number for contact)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

BASEBALL SOFTBALL BOTH

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

CLINIC \$25 \$35

SHIRT ONLY \$15 INDICATOR ONLY \$5

RULE BOOK ONLY \$5 EACH

**PARENT :**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EMERGENCY CONTACT (IF PARENTS CAN'T BE REACHED)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FOR LEAGUE USE ONLY**

CASH CHECK # \_\_\_\_\_ OTHER

REGISTRATION FEE PAID: \_\_\_\_\_

TEAM AGE: \_\_\_\_\_

I AM CERTIFIED I JUST NEED TO REGISTER \_\_\_\_\_

**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

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](mailto:chesterrecreation@chesterill.com).

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