

ROOKIE UMPIRE CLINIC 2012

Name: _____

Address: _____

City, Zip Code: _____

Home Phone () _____ Cell () _____

Date of Birth _____

Email Address _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

All students must read and sign the following liability release. If the student is under the age of 18 his or her parents must sign as well.

I/We know that participation in umpire training class may result in serious injury or death, and protective equipment does not prevent all injuries to participants and do hereby waive, release, absolve, indemnify and agree to hold harmless the Jefferson County Junior Baseball League (JCJBL), Rocky Mountain Umpire Association (RMUA), City of Lakewood, the organizer, sponsors, participants, all instructors and persons transporting my/our participant to and from activities for any claim arising out of injury to my participant whether the result of negligence or for any other cause.

Participant Date

Parent/Guardian Date

Cost of class is 100.00 per student please make checks payable to Robert Wilson

Mail check and completed form to:

JCJBL
Attn: Umpire Director
7615 W 38th Ave Suite B-127
Wheat Ridge, CO 80033