

Program Supervisor: Vikki Naples
E-mail: middlfldrec@middlefieldohio.com

Phone: (440) 632-3526 Fax: (440) 632-0591 P.O. Box 1019 Middlefield, Oh 44062

Umpire/ Referee/ Scorekeeper Application Form

Date of Application		
Positioin Applying For:		
O Baseball Umpire	O Softball Umpire	O Basketball Scorekeeper
O Basketball Referee	O Volleyball Referee	O Soccer Referee
PERSONAL DATA		
Name:	Email:	
Home Address:		
City:	State:	Zip Code:
Home Phone: ()	Cell: ()	Preferred O Home O Cell
School Attending:		
Grade:		
Previous Experience:		
References:		
Name	Relationship	Phone
In case of emergency: Name	2:	Phone:

Certified: O yes O no	
If yes, Issured	Date
	parent or guardian must consent to an applicant's working eby consent to my child's participation in the Middlefield eeper/referee program.
	Date
Signature of Parent/Guardian	
 I give Middlefield Recreation Departmen assignment. I understand that my volu check results. I understand that I will not be paid as a I understand that I will serve at the plea from my volunteer duties at any time, w service. This determination may be maded. In an emergency and we cannot be combest judgment in calling EMS or having. In consideration of accepting this report to the program are to be strictly adhered addition, I am aware that full payment for the inconsideration of accepting this parexecutors and administers, waive and report may have against the Village of Middlefi and all injuries suffered by myself or my Recreation Department. I hereby assum I sustain any injuries prior to, during or 	asure of the Middlefield Recreation Department and may be dismissed with or without cause. A volunteer may not be selected for volunteer de with or without cause. Intacted, I hereby authorize the adult in charge at the scene to use his/her child taken to the nearest hospital. gistration, I fully understand that all of the rules and regulations that apply to under the direction of the Recreation Director and the program staff. For any program or activity is due at the time of registration. Inticipation agreement, I hereby, for myself, my child, my heirs, elease any and all rights and claims for damages that I or my child eld Recreation Department, it's representatives and employees, for any by child at any activity sponsored by the Village of Middlefield me full responsibility for medical coverage in the event that my child or after participation in any sponsored event. I HAVE READ THE JNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY
Printed Name:	Date:
Signature:	

Thank you for you interest in working with Middlefield Recreation.