



SILVER STATE CAL RIPKEN BASEBALL YOUTH UMPIRE PROGRAM PARTICIPATION
TERMS AND MEDICAL RELEASE

_____ (Print Umpire Candidate name) I/We the parents/guardians of the above named candidate for a position of umpire in Silver State Cal Ripken, hereby give my/our approval to participate in any and all Cal Ripken Baseball activities. I/We agree that our child (candidate) will be required to complete training to qualify as an umpire and abide by the rules of the Youth Umpire program as detailed on the Silver State Cal Ripken Website (www.sscalripken.com) and in materials distributed during training. We agree to ensure that the candidate reports for scheduled games in accordance with the program rules and reports any schedule conflicts promptly to the coordinators. I/We realize that participation in umpiring baseball, may result in serious injuries and that protective equipment does not prevent all injuries to umpires, and do hereby waive, release, absolve, indemnify and agree to hold harmless Silver State Cal Ripken, Cal Ripken Baseball Incorporated, the organizers, sponsors, supervisors, board members and participants for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. If the above named umpire needs emergency medical treatment and neither a parent nor the family physician can be contacted, consent is hereby given for such emergency treatment as may be considered necessary in the opinion of the attending physician. If the above named umpire is photographed or videotaped during League activities, I/We consent to the League use of such photographs or videos for any purpose as the League may see fit. I/We as a member of the Silver State Cal Ripken hereby allow the league to contact me via the email address(es) I have specified for League relevant information to the membership. Silver State Cal Ripken will not sell or distribute your email to SILVER STATE CAL RIPKEN BASEBALL YOUTH UMPIRE PROGRAM PARTICIPATION TERMS AND MEDICAL RELEASE any other organization. We respect your privacy.

Parents Name _____
Signature: _____ Date _____

Parents Name _____
Signature: _____ Date _____

Email Address: _____ I, the Umpire Candidate, hereby agree to all the terms and conditions listed above. I also agree to learn and uphold the rules of baseball. I am fully aware that my position is based on my ability to follow requirements of the SSCR umpire program including training, attendance and reporting games promptly for any payment, if applicable (Youth Umpires).

Umpire Name: _____
Signature: _____ Date _____

NOTE: Silver State Cal Ripken, and Cal Ripken Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.