

**SARATOGA LITTLE LEAGUE 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 Little League, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from League activities.

I/We agree that our child (candidate) will be required to complete training and pass a test to qualify as an umpire and abide by the rules of the Youth Umpire program as detailed on the Saratoga Little League Website ([www.saratogall.org](http://www.saratogall.org)) and in materials distributed during training. We agree to ensure that the candidate report for scheduled games in accordance with the program rules and report any schedule conflicts promptly to the coordinators.

I/We realize that participation in umpiring baseball, winter baseball or softball 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 the Saratoga Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, board members and participants and persons transporting my/our child to and from activities 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. [See attached medical waiver]

I/We acknowledge that parking near a game or practice facility may result in damage to my/our vehicle and agree to be fully responsible myself/ourselves for vehicle repairs resulting from such damages including any deductible amounts if such incident should be covered by the League's accident or liability insurance.

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 Saratoga Little League hereby allow the league to contact me via the email address(es) I have specified for League relevant information to the membership. The Saratoga Little League will not sell or distribute your email to 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 SLL umpire program including training, attendance and reporting games promptly for any payment, if applicable (Youth Umpires).

Umpire Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: The Saratoga Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*