METRO RICHMOND OFFICIATING SERVICE

A DIVISION OF OLD DOMINION OFFICIALS ASSOCIATION

HIGH SCHOOL SOFTBALL UMPIRE APPLICATION

APPLICATION FOR (check one): __NEW MEMBER __RETURNING MEMBER __TRANSFER MEMBER

[Please Print Clearly]

FULL LEGAL NAME:______________________ _____________________ _____________________

Last First Middle

1ST NAME PREFERRED ON PHONE LIST:_________________ SSN:______ -_____-________

MAILING ADDRESS:________________________________ ________________ _______ _-_______

Street City Zip

HOME PHONE: (____) _______-_________ WORK PHONE: (____) _______-_________x_____

CELL PHONE: (____) _______-_________ → SERVICE PROVIDER: _______________________

FAX NUMBER: (____) _______-_________ PAGER NO: (____) _______-_________

PRIMARY (ARBITER) EMAIL ADDRESS:____

SECONDARY EMAIL ADDRESS:____

WHAT IS YOUR MONDAY-THROUGH-FRIDAY DAYTIME (WORK) ZIP CODE: _____________________

NUMBER OF PREVIOUS YEARS REGISTERED IN SOFTBALL WITH THE V.H.S.L.:_______________

NUMBER OF PREVIOUS YEARS UMPIRING FAST-PITCH SOFTBALL (ANY LEVEL):_______________

IF YOU ARE A TRANSFER, FROM WHERE ARE YOU TRANSFERRING?:________________________

HAVE YOU REGISTERED WITH THE VHSL THIS SCHOOL YEAR IN ANOTHER SPORT? ____________

IF YES, WHAT SPORT?___________________ COMMISSIONER'S NAME:_____________________

DO YOU ALREADY HAVE A VHSL ID NUMBER? _____ IF "YES", LIST: _111-_____-___________

PLEASE ENTER RECRUITER OR SPONSOR'S NAME:____

LIST OTHER SOFTBALL/BASEBALL UMPIRING GROUPS YOU CURRENTLY BELONG TO AND YEARS OF SERVICE (e.g. AAU, ASA, BABE RUTH, NCAA, NSA, PONY, SOFTBALL NATION, USSSA. etc.)

____

INDEPENDENT CONTRACTOR AGREEMENT

I agree to serve as an independent contractor with respect to any assignment that I accept. Further, I agree to hold MROS/ODOA, its Commissioner, and Board of Directors harmless and free from any and all liability for injury and damage sustained as a result from my assignment. I understand and agree to attend the VHSL State Softball Rules Clinic and all local mechanics clinics, work scrimmages, and take written examinations as required.

I understand that registration does not carry any obligation on the part of the Commissioner for a specific number of assignments. Any assignment that I receive is subject to cancellation by the Commissioner if he/she deems such cancellation to be in the best interest of MROS/ODOA.

I also verify that the Social Security Number shown above on this form is my correct taxpayer identification number.

Signed:____ Dated:__________________________

COMPLIANCE WITH CODE OF VIRGINIA §22.1-296.1

I, the undersigned, under penalty of perjury, certify that I have never been convicted of a felony or any offense involving the sexual molestation or physical or sexual abuse or rape of a child.

Signed:____Dated:__________________________

DO NOT WRITE BELOW THIS LINE

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CLINIC FEE: $100.00 [INCLUDES DUES (25), VHSL SB FEE (18), VHSL INS (11), INITIATION (10) &CAP] Paid on _____/_____/2010

VHSL SPORT VERIFIED BY:____________________ INIT:________ RULEBOOKS RECEIVED ON:_____/_____/2010

TRANSFER LETTER RECEIVED ON:____________ INIT:________ UNIFORM NUMBER ASSIGNED:_________________