



2021

UMPIRE REGISTRATION FORM

PLEASE PRINT CLEARLY ON BOTH SIDES OF THIS FORM: **BIRTH DATE must be included.

Name _____

Address _____

City _____ County _____ Zip Code _____

Phone: Cell _____ Home _____ **BIRTH DATE:** _____

EMAIL (PRINT VERY CLEARLY) _____

Other Addresses You Have Had In The Last Five Years:

Street _____ Street _____

City _____ City _____

Zip Code _____ Zip Code _____

Were you a registered umpire in North Dakota last year? Yes No

How many years have you umpired? _____ First year registered with ASA/USA Softball _____

I am interested in working: Fast Pitch Slow Pitch Both

As a registered umpire, I hereby agree to abide by all rules and regulations of USA Softball of North Dakota. I operate as an independent contractor with USA Softball of North Dakota, its leagues or associations who have access to my services unless cleared with the State Office. I may accept or refuse any umpire assignment.

I understand I will not umpire unsanctioned USA Softball or USA Softball of North Dakota tournaments or games. If umpiring for any other association other than USA Softball, I understand that I will not wear a USA Softball uniform or equipment. Report any infractions of this to the state UIC. I understand that no USA Softball insurance coverage is in effect for unsanctioned games, tournaments, or when umpiring for any other softball affiliation.

Applicant's Signature _____ (Complete Other Side) Date _____

Fee: Adult \$58, Youth \$35 | Make checks payable to USA Softball of North Dakota

Contact Information: State UIC—Michael Wolf—1926 Billings Drive, Bismarck, ND 58504-7253—400-2100

The fee includes your USA Softball rule book, identification card, background check, and most importantly, your insurance coverage.

Umpire Registered By: _____

Rev. 1/2021

USA Softball Background Check Release and Authorization Form For Independent Contractors

In connection with my application to serve as an independent contractor or volunteer with USA Softball, Inc., its affiliates, and/or any of its local associations (collectively "Client" or "USAS"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment, independent contractor or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc. (or any successor USAS contractor), a consumer reporting agency as defined by the Fair Credit Reporting Act (hereinafter "Protect Youth Sports"). These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a contractor or volunteer, whichever is applicable, throughout the course of my employment, service or volunteer service, as permitted by law and unless revoked by me in writing. I understand that if USAS makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of: A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

PLEASE PRINT LEGIBLY

Last Name: _____ First _____ Middle _____

Phone Number: _____

Aliases/Other Names Known By (in last 10 years): _____

Email Address: _____

Please Note: Social Security Number SSN may be requested at a later time.

Date of Birth ____/____/____ Desired Position with USA Softball: Umpire

Driver's License Number: _____

Current Address: _____

City: _____

Zip: _____ County: _____

Prior Address (if within last 5 years): _____

Applicant Signature: _____ Date: _____