Austin Baseball Umpires Association

New Member Information Date: _____

First Name		Last Name			-
Address:					
City:			State:	Zip:	
Phone Number:	Work (1 2 3):	Home (1 2 3):	Cell	(123):	
Email:					
How many year	s have you been umpiring?_				
At what level ha	ave you been umpiring? (che	ck all that apply)			
YHJuCCC	ittle League outh League (Babe Ruth, Por tigh School (IV) tigh School (Varsity) unior College tollege (D3) tollege (D2) tollege (D1) tinor League tajor League	ny/Colt, local Youth Sports Ass	sociations, etc.)		
For what umpiri		have you been umpiring before	, ,		
Where did you u	umpire at? (City/State)			_	
Have you ever r	eceived a formal evaluation of	of your umpiring skills?Y	Yes No		
If YES, when w	as your last evaluation?				
What	organization performed the e	valuation?			
Have you ever punishable by f		erred adjudication for any sta	ate or federal offe	nse (other than a mi	nor traffic offense which is
YESNO	O (If YES, please provide in	formation on the back or contac	et the instructor or a	a board member)	
Do you current	ly have a pending case for a	any state or federal offense (o	ther than a minor	traffic offense whic	h is punishable by fine only)?
YESNO	O (If YES, please provide in	formation on the back or contac	et the instructor or a	a board member)	
Are you curren	itly on probation, parole, or	completing the requirements	s of a court-order	ed deferred adjudica	ation?
YESNO	O (If YES, please provide in	formation on the back or contac	et the instructor or a	a board member)	
any changes to my accepted the game coverage, I must o Code of Ethics, Co in the event I cease	contact information as well as an e assignment. 4. The ABUA does btain coverage on my own. 5. In a inflict of Interest, and Game Assig e to be a member in good standin.	y change to my officiating availability not provide medical insurance cover- accepting game assignments from the	y and restrictions. 3. I age for injuries sustair e ABUA, I am acting a nts received through tl ABUA that the game b	will pay any applicable fe ned or arising from my off as an independent contrac he ABUA are subject to re	iciating assignments. If I desire such ctor. 6. I will comply with the ABUA evocation, cancellation or reassignmen
Signature					