

AMATEUR SOFTBALL ASSOCIATION CADET REGISTRATION FORM

ALL CADETS **MUST** FILL OUT THE FOLLOWING QUESTIONNAIRE **COMPLETELY** AND SUBMIT WITH APPROPRIATE FEES.

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #'S: HOME _____ WORK: _____ CELL: _____ PAGER: _____

1) WHAT DAYS ARE YOU AVAILABLE TO WORK? CAN YOU BE REACHED DURING THE WORK DAY? _____ (Y / N)
MON. _____ **TUES.** _____ **WED.** _____ **THURS.** _____ **FRI.** _____ **SAT.** _____ **SUN.** _____ (Y / N)

2) PLEASE INDICATE THE FOLLOWING LEVELS OF SOFTBALL YOU WISH TO OFFICIATE.
FAST PITCH (Y / N) **MODIFIED (Y / N)** **SLOW PITCH (Y / N)** **YOUTH (Y / N)**

3) WHAT OTHER SPORTS DO YOU CURRENTLY OFFICIATE? _____

4) PLEASE WRITE ANY COMMENTS YOU MIGHT HAVE TO IMPROVE OUR ASSOCIATION ON THE BACK OF THIS FORM.

THE UNDERSIGNED, THEIR HEIRS AND ASSIGNS, HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE **AMATEUR SOFTBALL ASSOCIATION** AND **THE GREATER UNION COUNTY NJ SOFTBALL UMPIRES ASSOCIATION, INC.**, AND ASSIGNORS THEREOF, ARISING FROM THEIR PARTICIPATION IN THESE ORGANIZATIONS. THE **AMATEUR SOFTBALL ASSOCIATION** AND/OR **THE GREATER UNION COUNTY SOFTBALL UMPIRES ASSOCIATION, INC.**, AND THEIR ASSIGNORS MAKE NO REPRESENTATIONS ABOUT THE SAFETY OF THE FIELDS OR EQUIPMENT BEING USED IN SAID GAMES ASSIGNED FOR AND THE UNDERSIGNED EXPRESSLY AGREE THAT BY THEIR PARTICIPATION IN THESE ORGANIZATIONS AND GAMES ASSIGNED FOR THEY ARE ASSUMING ALL RISKS INCIDENT OF THE GAME OF SOFTBALL. I, THE UNDERSIGNED AM PHYSICALLY FIT AND ABLE TO UMPIRE IN ANY LEAGUE AND HAVE FULL KNOWLEDGE THAT I AM AN INDEPENDENT CONTRACTOR FOR THE **AMATEUR SOFTBALL ASSOCIATION** AND/OR **THE GREATER UNION COUNTY NJ SOFTBALL UMPIRES ASSOCIATION, INC.**

PLEASE MAKE ALL CHECKS PAYABLE TO:
 AND MAIL TO:
UNION COUNTY ASA
c/o BILL SMITH, DEPUTY COMMISSINOR
43 C COLFAX MANOR
ROSELLE PARK, NJ 07204

OR BRING TO THE FIRST MEETING

THE FEE FOR THE 2012 ASA UMPIRE CLINIC IS **\$ 150.00**. THIS FEE INCLUDES ALL MATERIALS, MECHANICS' AND PRACTICAL CLASSES AND IS NON-REFUNDABLE. IT ALSO INCLUDES A COMPLEMENTARY YEARS MEMBERSHIP IN THE GREATER UNION COUNTY UMPIRES ASSOCIATION, INC. UPON SUCCESSFUL COMPLETION IT ALSO INCLUDES YOUR 2012 ASA UMPIRING DUES. IN THE EVENT OF A CONFLICT WITH THE TESTING DATE WE WILL ARRANGE FOR A MUTUALLY ACCEPTABLE DATE FOR YOU TO TAKE THE TEST.

 SIGNATURE

 NAME (PRINTED)

 DATE

FOR OFFICE USE ONLY

TOTAL	RECEIVED BY	DATE RECEIVED	CHECK #	CASH	NOTES
\$ 150.00					