

USA Softball CT. Application



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBERS (H) \_\_\_\_\_ (C) \_\_\_\_\_

DATE of BIRTH (required) \_\_\_\_\_

By signing below, I agree to purchase a background check from the USA Softball National Office at [www.registerusa.com](http://www.registerusa.com) and consent to be an Independent Contractor.

UMPIRE'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Fast Pitch \_\_\_\_\_ Slow Pitch \_\_\_\_\_ Age group \_\_\_\_\_

The FEE is: Per Board

Make your check payable to: Local Association

When form is completed, contact the State of CT UIC or Deputies to receive information on Associations in your area.

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The fee includes rule book, identification card & very importantly, your insurance coverage.

To avoid costly duplication coverage, this plan pays benefits only after other applicable insurance has been applied. If no other coverage exists, the Umpire Accident Plan will respond as primary coverage. **Umpire must be registered in current year before umpiring games. Carry your ID card at all times. Do not work in leagues or tournaments that are not USA sanctioned, otherwise you will not have insurance coverage.**

For your liability insurance to be in effect, both the teams and umpires **MUST** be USA sanctioned.

Umpire equipment should be ordered through Hank Koritkoski at: [hank.donnak@comcast.net](mailto:hank.donnak@comcast.net)