

Date Received: \_\_\_\_\_ Staff Member Entering: \_\_\_\_\_ ID: \_\_\_\_\_ Fee Type: \_\_\_\_\_



## Umpire Training Program & Summer Umpiring Job Application

To learn more about Recreation Division programs, how to properly submit your program registration and ensure that you have completed all registration requirements, please visit [www.cityofboston.gov/BCYF/Recreation.asp](http://www.cityofboston.gov/BCYF/Recreation.asp) or call 617635-5206 x104.

Please attach a **brief typed response** to the following questions with your application.

- 1) What skills or experience do you have that makes you a strong candidate to serve as an umpire and summer staff in BCYF's youth baseball programs?
- 2) If granted this opportunity, please explain what you believe will be the most challenging aspect of the program.
- 3) In your own words, how would you describe yourself to a potential employer? In terms of job skills, what would you say are your biggest strengths? What are the areas that you'd like to develop or improve on?

### MEMBER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Female  Male

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity (select all that apply):  Asian  Black  Native American  Native Hawaiian  White Are you of Hispanic or Latino origin?  Yes  No

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Type of School:  Public  Charter  Private/Parochial  Homeschool

Child lives with (select all that apply):  Both Parents  Mother Only  Father Only  Aunt/Uncle  Sister/Brother  Step Parent  
 Grandparent  Foster Parent  Guardian  Other: \_\_\_\_\_

### Medical Information

Health Insurance Company: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Do you have any medical conditions or allergies?  No  Yes. If yes, please select type/s and describe below:

Allergies  Asthma  Physical Restrictions  Medications  Other: \_\_\_\_\_

Description: \_\_\_\_\_

Is there any additional information we should know about this/you?  No  Yes: \_\_\_\_\_

**Parent/Guardian Contact Information** (These two contacts are authorized to pick-up youth from Boston Centers for Youth & Families Community Centers.)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Information** Please specify two people (other than a parent or guardian for youth) who can be contacted in case of emergency.  
 (These two contacts are authorized to pick-up youth family members from the Boston Centers for Youth & Families Community Center.)

Primary Contact Name: \_\_\_\_\_ Secondary Contact Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Consent

I have read and understand the BCYF Code of Conduct and the BCYF Pool Rules and Regulations. I agree that I will act in accordance with the BCYF Code of Conduct and abide by BCYF's Pool Rules and Regulations.

The application is factual and complete to the best of my ability.

I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families (BCYF), and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in BCYF Programs.

I, the undersigned parent or guardian of [\_\_\_\_\_], a minor, hereby consent to his/her BCYF membership and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, BCYF, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by BCYF for publicity purposes. I also agree to allow BCYF to use photographs, audiotapes, video records or other work produced by the member for publicity purposes.

I understand that transportation is not provided and it is my responsibility to arrange transportation to and from BCYF Community Centers and programs.

Failure to comply with these rules and expectations can lead to termination of membership.

Signature of Member

Date

Signature of Parent/Guardian (if member is under 18)

Date