



# Southern California ASA



## 2014 ASA Umpire Registration and Clinic Registration Form

Payment of the Umpire Registration, Rules Clinic and Mechanics Clinic Fees may be combined in one payment. Please complete 3 things to complete the registration process: **1) this FORM, 2) BACKGROUND CHECK RELEASE FORM ACCOMPANIED WITH A 3) COPY OF A VALID ID AND MAIL ALL 3 TOGETHER with appropriate fees to the address that appears below.** Umpire registrations will be accepted at all SoCal ASA umpire clinics, and may also be hand-delivered to any member of the SoCal ASA UIC Staff.

<b>Please Print Clearly</b>			
Last Name: _____	First Name: _____	Middle Name: _____	
SSN: _____ - _____ - _____	Birth Date: _____	(As listed on your Drivers License)	
Mailing Address: _____		This is a new address: <input type="checkbox"/> <small style="display: block; text-align: right;">Check if new Address</small>	
City: _____	ST: _____	Zip Code: _____	
Home Phone: ( _____ ) _____		Work Phone: ( _____ ) _____	
Cell Phone: ( _____ ) _____		Email: _____	
Years registered with the ASA: _____ Last umpire school attended/year: NUS _____ Advanced School _____			
Umpire Programs: ISF _____ Elite _____ NIF _____ Medals: Blue _____ Bronze _____ Silver _____ Gold _____			
Number of National Championships Assigned: _____ Last National Championship Assigned: Year _____ Level _____			
<i>By submission of this form I acknowledge my status as an independent contractor, and that I am not an employee of the Southern California ASA or the Amateur Softball Association of America.</i>			
Adult Fees (18 Years Old and Older)		Youth Fees (17 Years Old and Younger)	
Registration:	\$60.00 <input type="checkbox"/>	<small style="color: red;">If postmarked or received on or before January 17, 2014</small>	Registration: \$50.00 <input type="checkbox"/>
	\$70.00 <input type="checkbox"/>		
Rules Clinic:	\$15.00 <input type="checkbox"/>	Rules Clinic:	\$15.00 <input type="checkbox"/>
Mechanics Clinic:	\$10.00 <input type="checkbox"/>	Mechanics Clinic:	No Fee <input type="checkbox"/>
Optional Insurance:	\$25.00 <input type="checkbox"/>	Optional Insurance:	\$25.00 <input type="checkbox"/>
Total Paid: \$ _____		Total Paid: \$ _____	
<b>A \$25.00 fee will be assessed for each check returned by a bank for non-sufficient funds.</b>  You may attend <u>ANY</u> scheduled Rules Clinic and any Mechanics Clinic. Get your registration in early to avoid a late fee.			
<b>MAIL All four (4) forms to have your registration processed</b> <b>1. Completed Registration Form    3. Copy of Photo I.D</b> <b>2. Background Check Form        4. Independent Contractor Agreement</b>			
<b>Fee Payments to: Southern California ASA</b> <b>Post Office Box 97</b> <b>Lemon Grove, California 91946-0097</b>			
<b><i>This information to be completed by a member of the Southern California ASA UIC Staff only</i></b>			
Method of Payment: Check: <input type="checkbox"/> Cash: <input type="checkbox"/> Money Order: <input type="checkbox"/>			
Book Number: _____    Adult: <input type="checkbox"/> Youth: <input type="checkbox"/> Year: _____			
District: _____		Processed by: _____	