



COMMUNITY / Little League Umpire Program Student Application Form

First name: _____ Surname: _____

Date of birth: _____

Residential address – Unit/Flat/House number: _____

Street name and type: _____

Suburb: _____

Postcode: _____

Telephone: _____

Email address: _____

Association / Club _____

Shirt Size _____

Have you previously attended any Umpiring Seminar? YES NO

If yes, where? _____ In what year? _____

Signature

Name

By signing this document, I understand that QBUA and any affiliate assumes that each person participating in the activities of the Seminar is healthy and has no medical condition that would preclude him or her from participating in the activities. I understand that people should not participant in an activity if any medical, physical or other factor indicates that he or she is not suited to that activity. I understand that QBUA takes no responsibility in relation to personal items lost, damaged or destroyed during the Seminar. I take full responsibility in ensuring I correctly always utilize full and correct personal protective equipment during all activities.