

**KINO BASEBALL LEAGUE and KINO BASEBALL LEAGUE UMPIRE ASSOCIATION**

**KINO BASEBALL LEAGUE C/O Bob Craig 13794 E. Red Hawk Sky Trail, Vail, AZ 85641**

**UMPIRE APPLICATION (2016)**

**APPLICANT NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ZIP CODE** \_\_\_\_\_\_

**EMAIL ADDRESS**:

**HOME PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVER’S LICENSE NUMBER AND STATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST PREVIOUS EXPERIENCE:**

**Little League** **No. Years** **Divisions** **District/State**

**Youth Leagues** **No. Years** **Ages** **Affiliation/State**

**High School** **No. Years** **Level**: **State:**

**College**  **No years**  **Division** **Conference/State**

**Additional Comments:**

**Have you ever been convicted of a felony (circle or bold font)**: YES NO

**If yes, please describe**:

**UNDERSTANDING AND RELEASE (2106)**

**I Understand that I am an “independent contractor” and as such, not an employee of the Kino Baseball League (KBL) or the Kino Baseball League Umpires Association (KBLUA).**

**I understand that KBL will provide weekly payment for my services for all games assigned even if not a KBL Sanctioned Game and I will be paid the rate accordingly to the division that I am umpiring.**

**I understand that payroll is weekly and the pay period is Monday thru Sunday and payment is done via Direct Deposit and if I do not have a Wells Fargo Bank Account the rate Wells Fargo will charge weekly has increased from .50 to .75 per pay period.**

**I understand that I will not receive any game assignments until all required documents have been received by KBL and/or the Kino Baseball League Umpire Association (KBLUA).**

**I understand that I am bound by the Constitution and By-Laws of the KBLUA and the rules, policies and regulations of KBL, or any other league or tournament I have been assigned to work.**

**I understand that I am responsible for purchasing and acquiring my own equipment and uniforms to perform my duties.**

**I understand that by law any contractor paid over 600.00 per year requires KBL to issue a 1099 document to me and to the Internal Revenue Service.**

**I understand that in order to work a game involving players 18 and younger, that I must be a member of NUA and have NUA Insurance Coverage.**

**I understand that in order to work a game involving players in leagues 19 and older that I must have Insurance from either NASO or ABUA. I understand that NASO is the preferred Insurance of the KBLUA.**

**I understand that an Insurance Carrier other than what KBL or KBLUA has required, would be accepted if it meets all the Requirements including the Sexual Abuse and Molestation that the City and County are demanding, and KBL and KBLUA would need a Certificate of Liability Insurance that names both Kino Baseball League and Kino Baseball League Umpires Association as Certificate Holders. I also understand that as an independent contractor that I am fully responsible for providing all necessary documentation to KBL and KBLUA for this purpose.**

**I understand that I would need a Department of Safety Level 1 Finger Print Clearance Card in order to umpire High School Baseball with the AIA.**

**I understand and hereby consent based on my term as a contractor for KBL and KBLUA, that the league has the authority to conduct a criminal background check. I further understand that if such a report comes back with negative reports and violations, that I can be removed from being an Active Member and placed on the In-Active list**.

**I understand that my picture or likeness may be used on the KBL Website and/or KBLUA Website or other forms of social media to promote the growth of KBL and/or KBLUA.**

**2016 Requirements Check List:**

**This application**: Completely filled out

**W-9**: New or Updated Annually if any information has changed

**Direct Deposit set up**: Blank Check Contact Janine Badalucco [aja131aja@cs.com](mailto:aja131aja@cs.com)

**Paid Membership to KBLUA**: Annual $25.00 per year Make check or money order payable to KBLUA mail to Bob Craig

**Paid Membership to NUA**: Annual $40.00 per year [www.baberuthleague.org](http://www.baberuthleague.org) – Umpires – NUA Log In - **Provide copy to KBLUA** [**bcraig10@cox.net**](mailto:bcraig10@cox.net)

**Group Membership to NASO:** Annual $76.00 per year Make check or money order payable to KBLUA mail to Bob Craig

**Own Membership to NASO or ABUA:** Need Copy of Card- – **Provide copy to KBLUA** [**bcraig10@cox.net**](mailto:bcraig10@cox.net)

**AIA Requirement**: Must have a State Department of Safety Level One Fingerprint Card – **Provide copy to KBLUA** [**bcraig10@cox.net**](mailto:bcraig10@cox.net)

**Entry Exam**: New Members

**NFHS Concussion Course Certificate**: NFHSLearn.org Free Courses One Time – – **Provide copy to KBLUA** [**bcraig10@cox.net**](mailto:bcraig10@cox.net)

**NFHS Heat Illness Prevention:** NFHSLearn.org Free Courses One Time – – **Provide copy to KBLUA** [**bcraig10@cox.net**](mailto:bcraig10@cox.net)

**Availability for current season**: Email to Luis “Mickey” Ramirez azump9119@gmail.com

**New members to the umpire profession will have to complete required field clinics, tests and classes, before receiving any game assignments.**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian Signature for applicant 18 and under**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12-4-2015