

2010
Oregon ASA
Umpire Registration

Passport
Picture



FIRST NAME: _____ **ASA DISTRICT #** _____ **UMPIRE SINCE:** _____
LAST NAME: _____ **LOCAL LOCATION:** _____
ADDRESS: _____ **DRIVERS LIC. #:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
HOME PHONE: _____ **BUSINESS PHONE:** _____
CELL PHONE: _____ **FAX PHONE:** _____
EMAIL ADDRESS: _____ **LAST NATIONAL UMPIRE SCHOOL DATE:** _____
GENDER: **MALE:** **FEMALE:**
PRIMARY INTEREST: **FP:** **SP:** **BOTH:**

Adult Umpire Fees: **\$55.00**

Youth Umpire (17 years and under): **\$50.00**

Make check payable to:
Mail to:

Oregon ASA Softball Umpire Association
John M. Garrett, Umpire-in-Chief
1787 Modoc Drive NE
Keizer, Oregon 97303

For Official Use Only: **Check:** **Cash:**

Date Received:



Umpire Profile Attributes

Check the boxes which apply:

- FAST PITCH**
- SLOW PITCH**
- MEDALS PROGRAM – GOLD**
- MEDALS PROGRAM – SILVER**
- MEDALS PROGRAM – BRONZE**
- MEDALS PROGRAM – BLUE**
- ISF CERTIFIED**
- ASA ELITE UMPIRE**
- MEMBER NATIONAL INDICATOR FRATERNITY**
- ASA ADVANCE CAMP**

NATIONAL CHAMPIONSHIP TOURNAMENTS YOU HAVE UMPIRE IN YOUR CAREER

TOURNAMENT: _____ **DATE:** _____

TOURNAMENT: _____ **DATE:** _____

TOURNAMENT: _____ **DATE:** _____

TOURNAMENT: _____ **DATE:** _____

ASA

NOTICE OF BACKGROUND CHECK

[IMPORTANT—PLEASE READ CAREFULLY BEFORE SIGNING BELOW]

The Amateur Softball Association (ASA) is a volunteer driven not-for-profit organization. One of ASA’s objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of Softball. You have expressed an interest in becoming a member of ASA on a voluntary basis. Consistent with promoting wholesome and safe competition, ASA may perform criminal background and/or motor vehicle record (or “driving record”) checks on you pursuant to your written instructions below. Accordingly, ASA may obtain reports on your criminal background and/or driving history from a “consumer reporting agency” called Comprehensive Information Services, Inc. (CIS), P.O. Box 79007, Pittsburgh, Pennsylvania 15216, customercare@cisonline.com, 800-452-8725. CIS’s report may include information gathered from county, federal and/or statewide record searches, as guided by personal identifier information obtained through a Social Security Number trace. Note: Conducting a Social Security Trace does not access the subject’s credit history nor affects the subject’s credit score or credit rating.

Please note that by signing below you are authorizing and instructing ASA to immediately obtain criminal background and driving record reports from a third party (utilizing a Social Security Number trace) as ASA deems necessary and appropriate. Moreover, you are allowing and instructing ASA to obtain those reports from a third party on an ongoing basis without any additional notice for as long as you are a volunteer member of the ASA.

AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby authorize and instruct ASA to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number trace) as ASA deems necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with ASA as a volunteer member. Accordingly, ASA may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis throughout my association with ASA without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and not credit history) requested by CIS, another outside organization acting on behalf of ASA, and/or ASA itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization and Instruction shall be as valid as the original.

Include a Legible Photo Copy of your Driver’s License Attached to this document.

Printed Name

Social Security Number

Signature

Driver’s License # & State

Date

Date of Birth