OAHU BASEBALL UMPIRES ASSOCIATION

REGISTRATION FORM/OFFICIATING AGREEMENT

(PLEASE PRINT)

NAME: (FIRST/MIDDLE/LAST) _____

MAILING ADDRESS: _____

STREET/PO BOX _____ **CITY** _____ **ZIP**_____

SOCIAL SECURITY #: new officials_____**E-MAIL ADDRESS** _____

CELL PHONE #_____ **RESIDENCE PHONE #**_____

EMERGENCY CONTACT: NAME: _____ **PHONE:** _____

YEARS OF UMPIRING EXPERIENCE _____ **LEVEL WORKED** _____

This agreement is entered into between the above-named individual, an independent provider of officiating services (OFFICIAL) and the Oahu Baseball Umpires Association (OBUA), a not-for-profit entity whose members operate to facilitate the scheduling of officials for baseball games throughout the island of Oahu, Hawaii, for both high school and youth leagues. In consideration for the scheduling coordination provided by OBUA, the OFFICIAL agrees and acknowledges that he/she is not an employee of the OBUA, OIA, ILH or State of Hawaii Dept. of Education and operates as an Independent Contractor. He/she is responsible for his/her own primary medical and liability insurance. He/she is qualified, trained and in good health and physical condition to provide officiating services. He/she must be knowledgeable of the rules, regulations and interpretations of the rules and shall provide equipment customary and necessary to officiate baseball games under the rules by which the assigned games are played and can successfully comply with the requirements of the State of Hawaii, Dept. of Education's Employment Suitability check (Personnel Form 90).

UNDERSTOOD AND AGREED (signature) _____ **DATE:** _____

SUBMIT YOUR 2025 DUES PAYMENT OF $25.00 (CHECK OR MONEY ORDER PAID TO "OBUA") WITH THIS SIGNED REGISTRATION FORM AND SIGNED RELEASE AND WAIVER OF LIABILITY FORM TO:

Christoper Boucher, OBUA SECRETARY
Oahu Baseball Umpires Association
P. O. Box 17239
Honolulu, Hawaii 968177