

2014 Naperville Little League Umpire Agreement

All umpires are required to complete at least one of our three training seminars, either ran through the park district, district 11 or NLLB. All umpires are also required to create a profile(s) through our website at: napervillelittleleague.org under the for umpires tab. If you are 18 or over in addition to this form and profiles, you must also agree to a background check and provide your social security number.

Name: _____

Date of Birth: _____ (see requirements listed above)

Home address: _____

The undersigned umpire has been informed and understands that Little League Insurance is provided for volunteer umpires who work without pay, and that umpires who receive compensation for their work are not covered under that insurance. Naperville Little League Baseball, Inc. (NLLB) works with both volunteer umpires and umpires who work for pay as independent contractors. The undersigned umpire, by placing his or her initials in the appropriate space below, and signing this form has elected to act as either a volunteer umpire with secondary Little League volunteer insurance coverage or as a paid independent contractor, in which event no insurance is provided by the NLLB or Little League. A parent or guardian's signature and initials are also required if under age 18. Employment Status: NLLB will treat paid umpires as independent contractors and not employees of the league. With regard to pay, the league will not withhold any Federal, State, Social Security or Medicare deductions.

Chose one from below:

I agree to work as a **VOLUNTEER**. Initials: _____ I understand that I will not be paid for my work as an umpire, but that Little League Insurance has been obtained by NLLB for supplemental medical coverage in the event I am injured or suffer any other covered loss while acting as a volunteer umpire.

OR

I elect to work as an **INDEPENDENT CONTRACTOR**. Initials: _____ I wish to be paid per-game under the schedule in effect for the season. I agree to provide my own insurance for any loss or injury I may incur while acting as an umpire at NLLB, and I waive any and all claims against NLLB for any loss or injury I may suffer while acting as an umpire.

Umpire Sign: _____ Date: _____

Parent Sign (<18): _____ Date: _____

NLLB will pay for your services on a monthly or bi-monthly basis and payment will be direct deposited or mailed to the umpires address listed above. If you wish to have your pay directly deposited please provide the following information:

Bank Routing Num. (9 digits): _____ Bank Account Num.: _____

Bank Name: _____ SSN (required for direct deposit or if 18 or over): _____

Send this completed form to (chose one):

email: umpires@napervillelittleleague.org

mail: Naperville Little League Baseball - P.O. Box 4917 - Naperville, IL 60567

fax: 630-420-9021