



**Official's Information Sheet and Contract**

Please specify the sport you are applying to officiate: \_\_\_\_\_ Fast Pitch Softball \_\_\_\_\_ Baseball  
\_\_\_\_\_ Slow Pitch Softball \_\_\_\_\_ Soccer \_\_\_\_\_ Football \_\_\_\_\_ Basketball \_\_\_\_\_ Volleyball  
\_\_\_\_\_ Hockey

Name \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone- Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ D/O/B \_\_\_\_\_

Email \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Topeka Premier Umpire Association, LLC (TPUA) agrees to:

- Pay the official games fees as prescribed by SCPR
- Provide a copy of rules and procedures for given sport

Print Name \_\_\_\_\_ agrees to:

- Notify TPUA of scheduling conflicts, personal changes, problems encountered during the activity, requests, etc.
- Find his/her own qualified replacement and contact TPUA with replacement's info.
- Adhere to SCPR rules, regulations, policies, and procedures, which govern play of the activity including playing rules of associations.
- Represent TPUA, SCPR and the league in a professional manner and wear the appropriate uniform and equipment.

Please note that as an official, you are an independent contractor. This Agreement shall not render the Contractor an employee, partner, agent of TPUA for any purpose. The Contractor is and will remain an independent contractor in [his or her] relationship to TPUA. TPUA shall not be responsible for withholding taxes with respect to the Contractor's compensation hereunder. The Contractor shall have no claim against TPUA hereunder or otherwise for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind.

**NOTICE:** TPUA reserves the right to dismiss an official at anytime without notice.

I have read the above, understand, and agree that the information listed above is correct.

TPUC is not responsible for damages, injury or personal loss, which may occur while performing umpiring duties. Upon signature, I understand that I am an independent contractor.

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ /20 \_\_\_

Parent Signature \_\_\_\_\_ (if 14-17 yrs of age)