



Southern Massachusetts Umpires Association Junior Membership Form

Please print legibly

Fee Received-Official Use Only
Amount:
Check #:
Bank:
Reason:
Date Received:
Recorded By:

*Legal Name:		Nickname:
*Address:		*Birth Date:
*City/town:		Age as of May 1, 2026:
*State:	*Zip Code:	County:
*Cell Phone:		Country:
*Member's E-Mail Address:		

***Required Information.**

High school or Middle school you attend:		
Present Grade:		Year of Graduation:
Dismissal Time:		Time you arrive home:
*Emergency Contact (I.C.E.)		
Name:	Relationship:	Cell Phone:
E-mail Address:		
Name:	Relationship:	Cell Phone:
E-mail Address:		

		YES	NO
1.	I understand that the membership meetings will be in person for 2026?		
2.	I understand that the 2026 Junior Member dues are \$45.00?		
3.	I understand that Junior members are only required to attend 1 membership meeting?		
4.	I play a sport after school, or weekend between 4/1/26 and 7/1/26?		
5.	I work after school or on weekends?		
6.	I currently have a driver's license or learner's permit?		
7.	I do have transportation to and from Meeting & Game sites?		
8.	I will be attending the Spring Buffet on March 09, 2026? (free to paid members)		
9.	I will be attending The Pizza night Meeting on April 27, 2026? (free to paid members)		

Please read carefully and sign.
<p>I hereby give permission for my child _____ to be a member of the Southern Massachusetts Umpires Association (S.M.U.A.). I also give permission for my child to be assigned as an on-field umpire to age-appropriate baseball games by an assignor of their choosing. I understand that the (S.M.U.A.) is a training board and does not assign baseball games. I certify that my child is in good physical condition, and has no restrictions from standing, running, or squatting for long periods of time. I certify that my child is covered by some form of medical and liability insurance, to be supplied by their parent or legal guardian. I will supply said insurance to any assignor that requests it before my child is assigned any games. By signing this form, in accepting these conditions; I assume all risks involved in umpiring youth baseball games, and will not hold the S.M.U.A., any of its officers, directors or members liable for any injury or financial loss before, during or after umpiring a baseball game. I will supply my child with a S.M.U.A. umpire's uniform to be worn while umpiring any level of baseball. I shall also arrange transportation for my child to and from association meetings, clinics and baseball games.</p>
Initial: _____

I understand that my membership dues of \$45.00 are non-refundable.	Initial: _____
---	----------------

Parent or Legal Guardian signature:	Date:
Junior Member's signature:	Date:

Please return the form and dues payment by Monday February 03, 2026, to SMUA POB 1782 Brockton, MA. 02303-1782

***Required Information**