



Killeen Parks & Recreation Umpire & Score Keeper Form

Killeen Community Center 2201 E. Veterans Memorial Blvd. Killeen, TX 76541 Phone: 254-501-8889 Fax: 254-526-9210 Office Hours: Mon-Fri 8 am – 5pm	Family Recreation Center 1700-A E. Stan Schlueter Loop Killeen, TX 76542 Phone: 254-501-6391 Fax: 254-501-6388 Office Hours: Mon-Fri 5am – 10pm, Sat 7am – 8pm
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Please check all sports that apply to you.

- Official/Referee/Umpire
- Score Keeper
- Both

- Co-Ed Flag Football Co-Ed Winter Soccer Co-Ed T-Ball Co-Ed Summer Soccer
- Boys' Baseball Majors Boys' Baseball Minors Boys' Machine Pitch
- Girls' Softball Girls' Basketball Girls' Volleyball Girls' Machine Pitch

- Adult Fall Softball Adult Flag Football
- Adult Basketball Adult Spring Softball
- Adult Volleyball Adult Summer Softball

YOUTH SPORT:

ADULT SPORT:

PERSONAL INFORMATION (PLEASE PRINT)

Last Name	First Name	MI
Mailing Address	City, State	Zip Code
Primary Phone	Secondary Phone	E-Mail
Shirt Size: <input type="checkbox"/> Adult SM <input type="checkbox"/> Adult MD <input type="checkbox"/> Adult LG <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL <input type="checkbox"/> Adult 3XL <input type="checkbox"/> Adult 4XL		

BACKGROUND INFORMATION (PLEASE PRINT)

Date of Birth ___ / ___ / ___	PLEASE CIRCLE ONE:
Driver's License # _____ State _____	Sex: Male Female
SSN # _____ - _____ - _____	Race: Black White Other

Notes: _____

- I understand that having signed up to become a(n) official or score keeper , I have taken on a number of responsibilities, which include:
- **To maintain control and order of the games.**
 - **To promote fair play and to emphasize sportsmanship for everyone associated within the league.**
 - **To keep myself informed and updated with all league rules, policies, procedures, and information.**
 - **To arrive to all scheduled games on time in the proper uniform attire with a positive attitude.**
 - **To keep safety first in all games.**

Failure to uphold these and other responsibilities given to a(n) official or score keeper may result in my removal from the league and from any other Killeen Parks and Recreation leagues.

Signature _____
Date

OFFICE USE ONLY

CHECKED BY: _____ DATE: _____

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Agency and the Volunteer Center to perform the criminal background search. REQUIRED WORDING FOR THE CONSENT FORM FOLLOWS.

I HEREBY GIVE MY PERMISSION FOR THE CITY OF KILLEEN TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH THE VOLUNTEER CENTERS OF ROUND ROCK AND DALLAS COUNTY. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY THE CITY OF KILLEEN AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY THE VOLUNTEER CENTERS OF ROUND ROCK AND DALLAS COUNTY AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS AND HOLD THEM HARMLESS FROM AND AGAINST ANY AND ALL COURSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER (INCLUDING CLAIMS FOR THE NEGLIGENCE, CROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF THE VOLUNTEER CENTERS OF ROUND ROCK AND DALLAS COUNTY), AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.

APPLICANT'S SIGNATURE

DATE

PLEASE PRINT NAME