



CENTRAL FLORIDA UMPIRES, INC.

BASEBALL - SOFTBALL - ONE TEAM FOR THE GAME

16720 Appaloosa Trail, Montverde, FL 34756 | davecfu1@gmail.com | 407-765-0269 | centralfloridaumpiresinc.com

Central Florida Umpires Registration

Complete this page and the required tax certification/agreement sections before submitting.

APPLICANT INFORMATION

fillable fields

Name

Date of Birth

Address

City

State

ZIP

Home Phone

Cell Phone

Work Phone

Email

Years Officiated

Emergency Contact Name

Emergency Contact Phone

OFFICIATING EXPERIENCE

select all that apply

BASEBALL

- | | | | |
|--|---------------------------------------|--|--|
| ☐ Little League | ☐ High School | ☐ College | ☐ Travel League |
| ☐ Tournament Play | ☐ Adult League | ☐ Professional Baseball | |

SOFTBALL / OTHER

- | | | | |
|--|--------------------------------------|----------------------------------|-------------------------------------|
| ☐ Tournament Play | ☐ High School | ☐ College | ☐ Fast Pitch |
| ☐ Other | ☐ Scorekeeper | | |

SIGNATURE

Applicant Signature

Date



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Form W-9

(Rev. March 2024)

Department of the Treasury - IRS

Request for Taxpayer Identification Number and Certification

See www.irs.gov/FormW9 for instructions and updates.

Give form to requester.

Do not send to IRS.

PART A - ENTITY / INDIVIDUAL INFORMATION

1. Name of entity/individual. An entry is required.

2. Business name/disregarded entity name, if different from above

3a. Federal tax classification - check only one box

☐ Individual/sole proprietor or single-member LLC

☐ C corporation

☐ S corporation

☐ Partnership

☐ Trust/estate

☐ LLC. Enter tax classification (C, S, or P):

☐ Other:

3b. Foreign partners, owners, or beneficiaries ☐ Check if applicable

4. Exemptions

Exempt payee code, if any

Exemption from FATCA reporting code, if any

5. Address (number, street, apt. or suite no.)

Requester's name and address (optional)

6. City, state, and ZIP code

7. Account number(s) here (optional)

PART I - TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding.

Social security number

Employer identification number

Certification and signature continue on the next page.



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Tax Certification & Agreement

Complete the W-9 certification below, then review the independent contractor agreement.

PART II - W-9 CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form, if any, indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

Signature of U.S. person

Date

CONDITIONS OF AGREEMENT

1. I agree to serve as an independent contractor and not as an employee of Central Florida Umpires or any individual institutions served by Central Florida Umpires.
2. I agree that as an independent contractor, it is my personal responsibility to ensure that I have received proper medical and physical examinations and proper medical clearances for my accepted assignments.
3. I agree that as an independent contractor I am not covered by workman's compensation or liability insurance policy held by Central Florida Umpires.
4. I agree that as an independent contractor it is my own personal responsibility to ensure that I have appropriate personal insurance to cover any and all liability and/or loss that may occur as a result of injury or damage sustained to me and/or others while traveling to and from all meetings and accepted assignment(s).
5. I agree that as an independent contractor that no federal, state or local taxes will be deducted from my payments, however my payments may be reported on IRS Form 1099 or other appropriate IRS form(s) and I may incur tax liabilities.
6. I agree that as an independent contractor, if I no show or no call any game(s), I will be back charged a minimum of one game fee per occurrence with a maximum of \$500.00 (five hundred dollars).
7. I agree that as an independent contractor, I will pay a \$5.00 (five dollar) reassigning fee for accepted games that I must turn back, or if I decline games assigned on open days not blocked in Arbiter.
8. I agree to hold Central Florida Umpires, Inc., its owners and agents, any participating institution and their owners and agents harmless from any and all liability for injury or damage sustained as a result of my acceptance of any assignment(s) or travel.



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Conditions of Agreement

Independent contractor terms continued.

CONDITIONS OF AGREEMENT - CONTINUED

9. I certify that under 8 USC 1011 I am legally entitled to live and work in the State of Florida and the United States and that I am a citizen of the United States, a lawful permanent resident of the United States or a legal alien entitled to work in the United States and I am aware that the federal law provides for imprisonment and/or fines for false statements of such status.
10. Central Florida Umpires, Inc. is committed to providing a safe work environment and to fostering the well-being and health of its independent contractors. That commitment is jeopardized when any Central Florida Umpire Inc. independent contractor(s) illegally uses drugs on the job; comes to work under the influence; possesses, distributes or sells drugs in the workplace; or abuses alcohol on the job. Therefore, Central Florida Umpires, Inc. has established the following policy:
 - A. It is a violation of company policy for any independent contractor to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on the job.
 - B. It is a violation of company policy for anyone to report to work under the influence of legally prescribed narcotics (oxycodone, morphine or similar), cannabis (marijuana), illegal drugs or alcohol.
 - C. It is a violation of the company policy for anyone to use prescription drugs illegally. Nothing in this policy precludes the appropriate use of legally prescribed medications not included above.
 - D. Violations of this policy are subject to disciplinary action up to and including termination.
11. It is the responsibility of the company's officers to counsel independent contractors whenever they see changes in performance or behavior that suggest an independent contractor has a drug problem. Although it is not the officer's job to diagnose personal problems, the officer should encourage such independent contractors to seek help and advise them about available resources for getting help.

Agreement continues on the next page.



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Personnel & Final Agreement Signature

Review the personnel terms and sign to confirm understanding and compliance.

PERSONNEL

During the performance of the services we provide, Central Florida Umpires, Inc. (herein referred to as CFU) agrees to the following:

1. Central Florida Umpires, Inc. shall not discriminate against any independent contractor because of race, religion, color, sex, age, handicap or national origin, except when such condition is a bona fide occupational qualification reasonably necessary for the normal operations of Central Florida Umpires, Inc. CFU agrees to post in conspicuous places, visible to independent contractors and applicants, notices setting forth the provisions of this nondiscrimination clause.
2. CFU is an EQUAL OPPORTUNITY company.
3. CFU will post/place notices, advertisements and solicitations in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
4. CFU shall strictly prohibit interaction between the independent contractors and the student(s).
5. CFU contractors may not solicit, distribute or sell products at any venue.
6. Friends, visitor or family members of CFU are not permitted in the work area.
7. CFU shall adhere to all of the School Board's security standards.
8. By signing this agreement as an official, I attest that I am in compliance with the JESSICA LUNSFORD ACT.

ANNUAL ASSOCIATION FEE

I agree that as an independent contractor to pay CFU a \$70.00 association fee, which will be taken from my pay each year.

FINAL ACKNOWLEDGMENT AND SIGNATURE

My signature indicates I have read and understood the above statements and will comply with the conditions of this agreement.

Dated this day of 20 Printed Name

Signature