

# 2024 Rates



# Officials/Umpires



**Youth Basketball:** Officials - **\$30.00** per Game Div 2-4 and Div 1 is solo official  
Scorekeepers - **\$15.00** per Game  
Scheduling Fee - **\$2.00** per Game (Richard Mason)

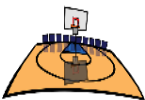
## Youth Baseball:

**\$35.00** per Game **Div 2:** 7-8 years 1 umpires  
**\$40.00** per Game **Div 3 & 4** 9-10 and 11-13 years 2 umpires  
**\$50.00** per Game **Div 3 & 4** for only one umpire  
**\$15.00** per Game **Scorekeepers**  
**\$35.00** per Game **UIC Coordinator Div 2** Richard Mason  
**\$40.00** per Game **UIC Coordinator Div 3 & 4** Richard Mason

**Youth Soccer:** **Division 1** Ages 5-6 - **\$20.00** per Game  
**Division 2** Ages 7-8- **\$25.00** per Game  
**Division 3** Ages 9-11- **\$35.00** per Game  
**Division 4** Ages 12-14- **\$40.00** per Game

**Adult Softball:** Umpires - **\$30.00** per Game (1 Official)  
Scorekeepers - **\$15.00** per Game  
Softball Coordinator **\$20.00** per hour Richard Mason

**Flag Football:** **All Divisions (2 Officials per Game) - \$40.00 per Game**  
**Scorekeepers - \$15.00 per Game**  
**PCSO Management Fee - \$10.00 per game Mike Patterson**



Weather Policy – Officials and Scorekeepers will be paid unless we contact the individual a minimum of 3 hours prior to the game.



**Parks & Recreation**

*Panama City Beach*

CITY OF PANAMA CITY BEACH  
PARKS & RECREATION DEPARTMENT

16200 PANAMA CITY BEACH PKWY.

PANAMA CITY BEACH, FL 32413

PH. (850) 233-5045 FAX: (850) 233-5161

WWW.PANAMACITYBEACHPARKSANDRECREATION.COM



**Athletic Sports Official/Scorekeeper Contractor Agreement**

This contract along with a mandatory volunteer background check must be submitted no later than fourteen (14) business days prior to the start of the Independent Contractor's class / program activity.

**Are you under the Age of 18:**  
YES \_\_\_ NO \_\_\_

**Independent Contractor Personal Information :**

Last Name	First Name	MI			
Street Address		City	State	Zip	
Primary Phone	Secondary Phone		Email		

**The Independent Contractor agrees to perform the following services: Sport /Activity.**

**Please check all that apply:** Official \_\_\_ Scorekeeper \_\_\_ UIC \_\_\_

**Sport:** Adult Softball \_\_\_ Fall Soccer \_\_\_ Spring Soccer \_\_\_ Basketball \_\_\_ Baseball/Softball \_\_\_ Flag Football \_\_\_

**Athletic Sports Official/Scorekeeper Contractor Agreement**

THIS AGREEMENT, entered into on \_\_\_\_\_ by and between the City of Panama City Beach referred to as City and  
(Current Date)

\_\_\_\_\_ referred to as Independent Contractor.  
(Contractor's Name)

The Independent Contractor will furnish professional services for the City upon the terms and under the following conditions:

It is understood and agreed that Independent Contractor possesses distinct professional skills in performing the services described below: that City contracts for said services, in that City does not perform these services as part of its regular business; that Independent Contractor has full control over the means and methods of performing these services; that the methods and means of providing these services rest exclusively with Independent Contractor except it is expressly understood that the method and means shall not violate any Federal, State, County, or City law or policy; that Independent Contractor understands and believes that services are being performed as an Independent Contractor. Nothing in this contract shall in any way be construed to constitute the Contractor or any of its agents or employees as an agent, employee or representative of this City. The Independent Contractor is entirely responsible for reporting of his/her income to the State and Federal Governments, and paying taxes thereon. It is further understood the Independent Contractor is not covered under the Social Security Act, State Unemployment Insurance, Worker's Compensation Insurance, or any City Employee benefits of any nature.

This Contract may be cancelled by the City or at its option any time by giving thirty (30) days' notice and in the event that there is insufficient registration to satisfy the expense of operating the class, or if sufficient funds have not been appropriated by City Council. Independent Contractor will be paid only for that part of the Contract he/she fulfills. If a class, program, or an event does not take place because of Independent Contractor's illness, or because of a holiday, it is to be made up at a time selected by the Independent Contractor and approved by the City.

The Independent Contractor hereby releases, absolves, indemnifies and holds harmless the City of Panama City Beach, from any claims arising from Independent Contractor's performance.

The Independent Contractor shall provide his/her own personal tools, and supplies at his/her own cost and expense. The City of Panama City Beach does not provide Official uniforms for every sport. Therefore, if the City does not provide the Official/Independent Contractor with a uniform it then is the responsibility of the Official/Independent Contractor to provide his/her own uniform at his/her own expense. In the event, that the City does supply the Independent Contractor with a uniform, the Independent Contractor at that time is responsible for returning the uniform to the league supervisor at the end of each season. If the Independent Contractor fails to return the uniform to the league supervisor by the designated time the Independent Contractor, then is responsible for the cost of that uniform. Failure to return the uniform will result in the cost of the uniform being deducted from the Independent Contractor's payment for his/her services.

The City shall pay the Independent Contractor per the officiating rate sheet as attached. The Independent Contractor will be paid bi-weekly.

The Official/Independent Contractor understands that the uniform guidelines vary per league and is set by the league coordinator. The Independent Contractor agrees to be in proper officiating uniform per league supervisor at all times while officiating for the City of Panama City Beach Parks and Recreation.

X \_\_\_\_\_  
Independent Contractor Signature

\_\_\_\_\_  
Date



**Parks & Recreation**

*Panama City Beach*

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List 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. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
_ _ - _ - _ _
or
Employer identification number
_ _ - _ _ _ _

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II 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 (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**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 have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



**Parks & Recreation**

*Panama City Beach*

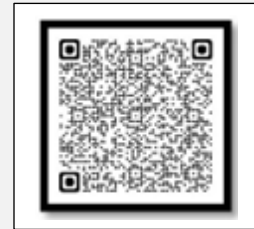


## VOLUNTEER\CONTRACTOR CRIMINAL BACKGROUND SCREENING PROGRAM INFORMATION

Thank you for your interest in volunteering or contracting with the City of Panama City Beach Parks and Recreation Department. As a prerequisite for any personal involvement with children, all adults who have care, custody, or control of youth participants in any program or activity are required to successfully complete a criminal history records check. The purpose of the City's Background Check Program is to ensure that every individual who interacts with children and vulnerable adults undergoes a criminal history records check.

### **SCREENING PROCESS**

1. Obtain Application and/or Consent for Background Screening Form from Parks and Recreation Office or via email.
2. Complete Application and/or Consent for Background Screening and return to Parks and Recreation Staff.
3. Go to City of PCB P&R's quick app website using QR Code → → or link below:



<https://panamacitybeachparksandrec.quickapp.pro/>

4. Select **"Apply"** for area you are applying (Youth Sports Coach, Official, Volunteer, Contractor).
5. Once on the Welcome page, select **"Next"** to begin the background check process.
6. Enter information as requested on the Applicant Information Page and Select **"Next"**.
7. Sign consents to allow our provider to run the background check.
8. Once submitted, it will take 3-5 days for your background check to be completed.
9. You will be contacted by either Parks and Recreation Staff or our provider on the status of your background check.

### **SCREENING GUIDELINES**

The City of Panama City Beach Parks and Recreation Department uses the State of Florida's Statute as guidelines in screening its volunteers and contractors. No volunteer or contractor will be accepted who has ever been convicted or pled Guilty or No Contest to any of the below.

#### **Crimes involving:**

1. Anything involving a child
2. Cruelty to animals
3. Domestic violence
4. A weapon or firearm violation
5. Any sex offense
6. Arson
7. Burglary
8. Mayhem
9. Maiming
10. Robbery
11. Carjacking
12. Home invasion
13. Abduction or kidnapping
14. Abuse of a child or an adult
15. Confinement of an unattended child
16. Manufacturing, distributing, or dispensing a controlled substance
17. Perjury
18. Pornography and obscene matter
19. Possession or Possession with intent to manufacture, distribute, or dispense a controlled dangerous substance.
20. Reckless endangerment
21. Murder/Manslaughter
22. Assault; or
23. Attempt to commit any of these crimes

## **OPEN CHARGES**

An individual with open charges, either felony or misdemeanor for any of the above offenses, shall be prohibited from participation in any capacity while charges are open. It is the responsibility of the individual to notify the Department of Parks and Recreation as to the judgment of the court.

## **SEX OFFENDER REGISTRY**

Any individual who is required to register and/or is listed on the National or State of Florida Department of Law Enforcement Sex Offender Registry is permanently prohibited from participation in any capacity.

## **SOURCE OF INFORMATION FOR CRIMINAL HISTORY RECORDS CHECK**

The Department of Parks and Recreation utilizes a national vendor for performing Background Checks. The following are sources used in determining eligibility.

- Florida Statewide Criminal Search – A review of all criminal convictions contained in the Judicial Information System database.
- Social Security Number Trace and Address Locator Database
- US Federal District Court Criminal Records
- Local jurisdictions, and/or other applicable government agencies.

## **TIME FRAME FOR CRIMINAL HISTORY RECORDS CHECK**

All individuals are required to have a background check performed on a semi-annual basis. Those seeking to serve multiple sports or seasons, must complete a new background check after a 6-month period. All reported arrest and conviction information that is legally reportable under federal and state criminal history reporting laws and is accessible to the Department of Parks and Recreation will be reviewed.

## **CONSENT TO PERFORM BACKGROUND CHECK**

To initiate a criminal history records check, the individual must complete and sign a volunteer or contractor application and Consent for Background Check form. Once submitted, applicant should use background check link or QR code to begin background check process. After information is received, a decision will be made within 3-5 business days of submission.

## **RESULTS COMMUNICATION**

Requests and subsequent reports are transmitted over a secure website with restricted rights of access. If a criminal history records check discloses a criminal conviction that would prohibit an individual from volunteering, the Department's Background Coordinator or Background Check Provider will contact the individual.

**UNDER NO CIRCUMSTANCES**, is an individual authorized to volunteer or participate in any youth program or activity in any capacity prior to the completion of his or her criminal history records check and subsequent notification of a clean report.

## **CONFIDENTIALITY**

Information received during the criminal history records check process will be shared on a "need to know" basis only.

## **APPEAL TO DISQUALIFICATION**

If an individual has been disqualified because of a previous criminal charge or conviction, or a perceived error in reporting, applicants may apply for an appeal or exemption. Exemptions are not guaranteed. To apply for an appeal or exemption, contact [support@ncsisafe.com](mailto:support@ncsisafe.com).





**Consent for Background Check**  
**City of Panama City Beach**  
**Parks & Recreation Department**

PCB Parks & Recreation Approval/Denial

16200 Panama City Beach Pkwy, Panama City Beach, FL 32413 ● Office Ph. (850)233-5045 ● www.panamacitybeachparksandrecreation.com

*Personal Information*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Street and Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Ph. # \_\_\_\_\_ / \_\_\_\_\_ Alternate Ph. # \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_

**Please provide previous address if you have moved in the past 3 years.**

Street and Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you or your spouse an active member of the military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what was the last state you lived in? \_\_\_\_\_

*Reason for Background Check*

Applicants will not be allowed to participate in any of the following sports or activities until the background check application has been fully completed by the applicant and approved by the Panama City Beach Background Check Coordinator. Please make note that approval and completion of the background check application does not automatically deem you eligible for one of the following activities or sports. Upon eligibility you will be contacted by the Parks and Recreation department. \_\_\_\_\_ **Initial**

*Independent Contractors*

**Independent Contractors: Please check one of the following and list the name of your program in the space provided.**

<b>Aquatics Program</b> _____	<b><u>Other</u></b>
<b>Summer Camp:</b> _____	
<b>Vendor/Business:</b> _____	
<b>FBP / Lyndell Program</b> _____	

*Volunteer Coaches, Officials, Scorekeepers, League Coordinators*

<b><u>Position</u></b>		<b><u>Sport</u></b>	
<small>(Current Sports Season)</small>		<small>(Current Sports Season)</small>	
<b>Head Coach</b> <input type="checkbox"/>	<b>Official</b> <input type="checkbox"/>	<b>Adult Softball</b> <input type="checkbox"/>	<b>Spring Soccer</b> <input type="checkbox"/> <b>Miracle League</b> <input type="checkbox"/>
<b>Asst. Coach</b> <input type="checkbox"/>	<b>Scorekeeper</b> <input type="checkbox"/>	<b>Girls Softball</b> <input type="checkbox"/>	<b>Fall Soccer</b> <input type="checkbox"/> <b>Flag Football</b> <input type="checkbox"/>
<b>Volunteer /Other</b> <input type="checkbox"/>		<b>Baseball</b> <input type="checkbox"/>	<b>Basketball</b> <input type="checkbox"/>

*Background Check Information I*

All instructors, independent contractors, coaches, vendors, volunteers and anyone wishing to be a part of our programs or activities offered by the City of Panama City Beach Parks and Recreation Department are subject to a criminal background check.

Have you ever had a background check by the City of Panama City Beach Parks & Recreation Department?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Yes - Date (Mo. / Yr.) \_\_\_\_\_

**Note: Completion and Approval of this background check does not determine your eligibility. Your eligibility is determined by the Panama City Beach Parks and Recreation Department. Please allow 5 to 7 business days for approvals.** \_\_\_\_\_

**See Back for Page 2 of Parks & Recreation Background Check Form.**

Panama City Beach Parks & Recreation Waiver

**PARTICIPATION PERMISSION:** As an adult 18 and older, by signing below I attest that the information I have provided is both accurate and complete. I understand that failure to list complete and accurate information can result in denial of this background check and that my right as an independent contractor, instructor, coach or volunteer for the Parks and Recreation Department can be revoked without notice or explanation.

I, as an adult 18 and older authorize the City of Panama City Beach Police Department to run a criminal background check. I understand that I am representing the City of Panama City Beach and will adhere to the guidelines set forth by the program.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I also give the City of Panama City Beach permission to take pictures during all activities for publicity purposes.

I hereby release, absolve, indemnify and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

X \_\_\_\_\_  
Independent Contractor, Instructor, Coach, or Volunteer Date

***Parks and Recreation Staff Only beyond this point.***

Coach Application Complete ? Y\_\_\_ N\_\_\_  
Background Check Form Completed & Signed? Y\_\_\_ N\_\_\_  
Copy of Driver's License? Y\_\_\_ N\_\_\_  
Athletic Coach Photo? Y\_\_\_ N\_\_\_

Incomplete paperwork will not be accepted. Please verify all forms are completely filled out and properly initialed /signed by the applicant.

Notes:

**Independent Contractors ONLY**

Independent Contractor Contract Completed ? Y\_\_\_ N\_\_\_  
Independent Contractor **VERIFIED** W-9 ? Y\_\_\_ N\_\_\_

Staff Initial : Date :

PCBPR Director or  
Res. Supervisor  
**Only beyond this point:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NSO FDLE CC

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Initial : Date :