

2024 Under 18 Officials/Umpires Rates



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.



Under 18 Application
 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

Name: _____ / _____ / _____ D.O.B. _____ / _____ / _____
 Last First M.I. Day Mo. Yr.
 Address: _____ / _____ / _____
 Street and Number City State Zip
 Primary Phone No. _____ Secondary Phone No. _____ Email _____
 Driver's License / I.D. Number (If Applicable) _____ State _____
 Primary Guardian _____ / _____
 Last First Phone
 Emergency Contact _____ / _____
 Last First Phone

Applicant Duties

Please choose the position and sport / Activity you are applying for.

<u>Position</u>	<u>Sport</u>
Official _____	Spring Soccer _____
Scorekeeper _____	Fall Soccer _____
League Coordinator _____	T-ball/Lil Sluggers _____
Coach _____	Baseball / Softball _____
Event Volunteer _____	Basketball _____
Summer Camps _____	Flag Football _____
Aquatics _____	Miracle League _____

Have you ever worked for the Panama City Beach Parks & Recreation Department in the past? **YES** _____ **NO** _____

If YES, Parks & Recreation Supervisor Name _____ Approximate Date / Yr. _____

Volunteering

If volunteering for Community hours what is the reason for the hours?

How many hours are you looking to accrue in the position you are applying for? _____

PCB Parks & Recreation Consent Waiver

PARTICIPATION PERMISSION: I attest that the information provided is both accurate and complete. I understand that failure to list complete and accurate information can result in denial of this application and that my child's right as an independent contractor, instructor, coach or volunteer for the Parks and Recreation Department can be revoked without notice or explanation.

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 _____
 Applicant Signature

 Date

PCB Parks & Recreation Staff ONLY Below this Point. THANK YOU!

Assigned Position _____
 Assigned Supervisor or Coordinator _____

Remarks:

Approved: _____ Denied: _____ Initial: _____

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.):

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

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.)

Sign Here	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,