CENTRAL VIRGINIA FOOTBALL OFFICIALS ASSOCIATION, INC.

REGISTRATION FORM

NAME: _____
FIRST MI LAST

ADDRESS: _____
STREET CITY ZIP

TELE: _____
HOME WORK CELL/PAGER

SOCIAL SECURITY #:_____ E-MAIL ADDRESS: _____

PREVIOUS OFFICIATING EXPERIENCE: CIRCLE ONE YES NO # OF YEARS: _____

IF YES, NAME OF ASSOCIATION: _____

ASSOCIATION ADDRESS/COMMISSIONER: _____

_____

SPORT(S) OFFICIATED: CIRCLE - Football Basketball Baseball/Softball Soccer Wrestling Hockey/Lacrosse

I UNDERSTAND FOOTBALL OFFICIATING IS A STRENUOUS PHYSICAL ACTIVITY. I UNDERSTAND THAT AS AN OFFICIAL, I AM AN INDEPENDENT CONTRACTOR AND NOT AN EMPLOYEE OF THE CENTRAL VIRGINIA FOOTBALL OFFICIALS ASSOCIATION, INC. (CVFOA)

ANY COMPENSATION DUE ME FOR ASSIGNMENTS THROUGH CVFOA SHALL BE PAID AS SOON AS POSSIBLE UPON THE CONCLUSION OF THE CURRENT FOOTBALL SEASON. I FURTHER UNDERSTAND THAT IT SHALL BE MY RESPONSIBILITY TO APPROVE MY PAYSHEET BY SIGNING AND RETURNING THE ORIGINAL DOCUMENT TO SUPERVISOR AND/OR ASSISTANT SUPERVISOR AT SEASONS END.

I AM RESPONSIBLE FOR MY SCHEDULE. MISSED GAME ASSIGNMENTS ARE SUBJECT TO FINES AND OTHER SANCTIONS AS DETERMINDED BY THE CVFOA BOARD OF DIRECTORS.

I HEREBY WAIVE AND RELEASE THE CVFOA FROM ANY AND ALL CLAIMS FOR ADDITIONAL COMPENSATION AND BENEFITS, DIRECT OR INDIRECT, ARISING OUT OF OR RELATED TO MY SERVICE AS AN OFFICIAL. I WILL HOLD THE CVFOA HARMLESS FROM ANY AND ALL LIABILITIES FOR ANY INJURY OR DAMAGE SUSTAINED AS A RESULT OF MY SERVICE AS A CVFOA OFFICIAL / TRAINEE.

SIGNATURE: _____
DATE

FOR ADMINISTRATIVE USE ONLY

FEES PAID: YES NO TYPE OF PAYMENT: CASH CHECK CHECK # _____

DATE PAID: _____ REC'D BY: _____

RETURN TO: JACK CRABTREE
8909 GREEN FORD DR.
RICHMOND, VA 23294