

2009 CVFOA Official Information/Disclaimer Sheet

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RETURN THIS FORM TO MEADE SHORE BY JUNE 15, 2009

Name: _____ VHSL ID # _____
(Last) (First) (M.I.)

Street Address: _____ (City) _____ VA.(Zip Code) _____

Phone #'s: (H) _____ (W) _____ Cell _____ Pager _____

Email Address _____ 2009 is my ____ Yr in CVFOA ____ Yr In VHSL ____ Yr. In other states

Emergency Contact Name & Phone #: _____ Height _____ Weight _____

Preferred Positions: 1st ____ 2nd ____ 3rd ____ List Other Sports You Have/Are Officiated _____

High School Closest to Your: Work _____ Home _____

High School Attended _____ Year Finished ____ College _____ Year Finished ____

CAN YOU WORK FRIDAY AFTERNOONS: YES ___ / NO ___ SATURDAY AFTERNOONS: YES ___ NO ___

Note any Specials Requests & Reasons Why: _____

All Regular Meetings - Tuesdays, 7:00 PM at Highland Springs High School.

Tuesday, June 16 1st Meeting of Trainees & Associates Saturday Aug 8- Bobby Duke Golf Tournament

Tuesday, July 7 1st Meeting of P-1's & P-2's Tuesday Nov 3 - Annual Meeting

Tuesday, July 21 1st General Meeting (Full Members) Sunday Nov. 8 - Oyster Roast

Thursday, July 30 VHSL Clinic

DISCLAIMER 2009 - In consideration of the mutual undertaking of the Central Virginia Football Officials Association, Inc. ("CVFOA") and the Official/Game Observer, it is agreed as follows:

1. **Official/Game Observer** shall serve as an **Independent Contractor** and not as an employee of the CVFOA and therefore both parties have the right to accept/refuse any assignment(s). Compensation will be paid by the schools through the **CVFOA** as nominee as soon as possible at the conclusion of the football season.

2. **Official/Game Observer** shall abide by the CVFOA Bylaws and all related policies and procedures as stipulated by CVFOA Membership. **Official/Game Observer** is responsible for his/her schedule and coordination with the crew of officials, to insure the crew is aware of all game assignments and travel arrangements

3. **Physical Assessment Waiver: Official/Game Observer** hereby affirms that I have either received a medical exam by a licensed physician (MD/DO) within the last six (6) months indicating I am capable of withstanding the physical rigors common to officiating high school football, OR I have not received such a medical exam but I personally believe I am physically able to withstand the physical rigors common to officiating high school football. I agree to hold Central Virginia Football Officials Association, Inc. harmless for any injury, illness or any other conditions(s) resulting as a consequence of my participation as a high school football official.

4. **Official/Game Observer** hereby waives and releases the CVFOA from any and all claims for additional compensation and benefits, direct or indirect, arising out of or related to his services as an Official and holds the CVFOA harmless from any and all liabilities for any injury or damage sustained as a result of his service as a CVFOA Official

5. **Pursuant to Code of Virginia 22.1-296.1, I hereby attest I have never been convicted of any felony crime**

OFFICIALS SIGNATURE _____ DATE _____