



# CENTRAL VIRGINIA FOOTBALL OFFICIALS ASSOCIATION, INC

## REGISTRATION FORM

Last Name:		First Name:		MI:
Address:		City, State:		Zip:
Home Phone:		Cell Phone:		Work Phone:
Social Security No.:		eMail Address (Primary):		eMail Address (Secondary):
Previous Football Officiating Experience?  YES      NO		If Yes, Number of Years:	If Yes, Name of Association:	
Association Commissioner:		Association Address:		
Other Sports Officiated (circle):				
Basketball      Baseball/Softball      Soccer      Wrestling      Lacrosse      Hockey				

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 the CVFOA shall be paid as soon as possible upon conclusion of the current football season. I further understand that it shall be my responsibility to approve my pay sheet by signing and returning the original document to the 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 determined by the CVFOA Board of Directors.

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

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 PURPOSES ONLY**

Date Fees Paid:	Pmt Type: Cash      Check	Ck #:	Rec'd By:
-----------------	------------------------------	-------	-----------

**\*\*RETURN TO: Bob Siff - 513 Wadeward Road, Richmond, Va.23229 \*\***