



2010 Football Application

Name _____ Date _____

Address _____ City _____ Zip Code _____

Phone Numbers: Home _____ Work _____ Cell _____

E-Mail Address _____

Number of yrs officiating football ____ Other officiating experience _____ # of years ____

Please check appropriate box(es) of sports interested in working:

Tackle Football [] Flag Football (Girls) []

Shirt Size (please circle): S M L XL XXL XXXL

School(s) unable to work due to FHSAA Guidelines:

_____ Dues Paid/Amount: _____ Date: _____

_____ Registered with FHSAA Date: _____

_____ Waiver Agreement Signed Date: _____

_____ Signature _____ Date _____

EXECUTIVE BOARD USE ONLY:

Dues Paid/Date _____ Board Member Signature _____



**CONDITIONS OF MEMBERSHIP
AND
WAIVER AGREEMENT**

East Coast Football Official Association (ECFOA) provides football officiating services. This agreement applies to general members and applicants for membership in the ECFOA, herein referred to as members.

Section One: ECFOA members are **Independent Contractors** and are not employees of the ECFOA, FHSAA or the schools that the ECFOA services. Members are responsible for all applicable taxes.

Section Two: ECFOA members are required to comply in a timely fashion with all reasonable requests from an officer or director for information verbally or in writing as directed regarding any ECFOA activities. A member's willful refusal to provide requested information concerning an ECFOA activity may result in the member's suspension or termination and loss of any previously assigned games or scrimmages.

Section Three: ECFOA members are required to provide for their own motor vehicle insurance coverage, medical, dental, supplemental health insurance and are **individually responsible for all liability/medical expenses** related to any activity arising out of involvement with the ECFOA.

Section Four: In consideration of an application or general membership in ECFOA, the undersigned member agrees herein to an unconditional release the ECFOA and its executive officers and or Board members in their capacity as officers and/or Board members from any liability for property damage, including loss of game fees, physical harm, personal injury including accidental or sudden or sudden death to the undersigned member resulting from any ECFOA related activities including transportation to and from all games, practices, clinic assignments, participation in meetings and all other injuries reasonably associated with ECFOA football assignments or evaluation outings.

IMPORTANT: By signature below, the member signifies agreement to comply with all Sections and the member specifically agrees with and acknowledges the **unconditional release in Section four**, against the ECFOA or its executive officers and/or Board members by the member, his/her heirs or assigns.

(Print Name)

Signature

Date

Witness (indicates witness to member's signature)