

What is your present occupation?

Do you currently have any physical conditions that would limit you from working minor league football contests? If yes, please explain....

What was the last date of a routine physical where you had your blood pressure, heart rate and cholesterol checked?

Officiating sports in Florida can find temperatures on the field in excess of 100". Are you taking any medication for, or has a doctor cautioned you about heat and heart stress related to outdoor physical activities?

In case of emergency, who should be contacted?

Please Put Full Name & Relationship

Phone Number(s) Including Area Code

Agreement For Services As An Independent Contractor

As an applicant, I understand and agree to abide by all rules, regulations, procedures and the by-laws of the Southern States Football League. I fully understand that I am an independent contractor, registering with this association for the purpose of training and continued education in the sport of my choice. And by doing so, I understand that there shall be no assurances of any game bookings or the number of games that I may or may not receive. In the event that through my performance and actions both on and off the field, the SSFLOA disciplines me, I will accept their decision without hardship towards the conference or the general membership of the SSFLOA. I understand that my membership entitles me to full membership privileges. And, I will assure the association that I will fulfill my obligations and represent the association in the highest regard. In the event that I must terminate my affiliation with the SSFLOA, I understand that I will forfeit my membership privileges. I submit this application with my membership fee understanding that the fee is non-refundable once submitted. By my signature below, I attest that all information I have supplied on this application is truthful. Membership runs annually and expires May 1, 2008.

2007-2008 Membership Fee: \$40.00

Make checks payable to: SSFLOA / *Early submission of your application is strongly suggested*

Mail completed application and fee to: SSFLOA, PO Box 48592, Tampa Florida 33647

Your Signature

Date Signed

SSFLOA USE ONLY

Date Received: _____ Method: _____ Number: _____

Received By: _____