



# High School Soccer Officials of Central Florida

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## 2009-10 Independent Contractor Agreement

Official's Name:	
Address:	
City/State/Zip:	
Email:	
Home Phn:	
Cell Phn:	
Work Phn:	

### Official agrees that:

- I will be performing services for HSSOCF as an *independent contractor*.
- I am not subject to backup withholding of Federal Income Tax for Internal Revenue Service purposes. IRS W-9 Form will be provided to HSSOCF.
- I will be performing services as a Sports Official at interscholastic sports events.
- I understand that HSSOCF is not responsible for providing Worker's Compensation insurance coverage for the officiating services I perform.

### As an Independent Contractor, Official agrees that he/she:

1. Maintains his/her own business address and provides own transportation, work equipment, and work materials.
2. Is able, with prior sufficient notice, to refuse or cancel his/her assignment to officiate a sports event.
3. Is able to perform work for any entity in addition to, or besides, HSSOCF at his/her own election without the necessity of completing an employment application or process.
4. Is not insured by HSSOCF for injury, accident, or other liability incurred in performing the scheduled assignment.
5. Will receive compensation for services rendered upon completion of a task as defined by Florida High School Athletic Association (FHSAA) and the School promoting the sports event.
6. Will be performing services for a specific amount of money and will control the means of performing the service in keeping with FHSAA and HSSOCF guidelines.
7. Will incur the principal expense related to the services performed.
8. Will receive compensation for services performed on a per-job basis.
9. Is responsible for the satisfactory completion of the work or services agreed to perform, including but not limited to the timely submission of all AT6 Unsporting Conduct Incident Report Forms faxed to FHSAA (352-372-9086) and to HSSOCF (309-401-0779).
10. Authorizes HSSOCF to deduct forty-five (\$45) dollar annual Association dues from compensation for services performed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_