

## **CENTRAL TEXAS FOOTBALL CHAPTER**



## "Make the Call" Registration Form 20 July 2019

## Fill Out ONLY if a member of the "Central Texas Football Chapter"

First and Last Name:		
Primary Email Address:		
Phone Number:		
TASO ID Number:		
Fill Out ONLY if "NOT"	a member of the "Central	Texas Football Chapter"
First and Last Name:		
Chapter associated with:		
Primary Email Address:		
Chapter Assignment Secretary	Name:	
Chapter Assignment Secretary	Email Address:	
TASO ID Number:		
Note: Receipts will be emailed	to registrant.	
Registration Fee		
Received by 6 July 2019:	\$50.00	Total \$
Received AFTER 6 July 2019:	\$60.00	Total \$

If mailing the registration form, please mail fee (check/money order), and "signed" Participant Liability form to:

CENTRAL TEXAS FOOTBALL CHAPTER c/o DALE W. COWAN 2412 Creek Place Drive Killeen, Texas 76549

Officials can also pay via PayPal. Send an email to <a href="dwc5428@gmail.com">dwc5428@gmail.com</a> and a voucher will be sent through PayPal for payment (service charge required).

## "MAKE THE CALL" CLINIC - Participant and Liability Waiver

(Read carefully before signing)

- 1. This Clinic is administered by the Central Texas Football Chapter (CTFBC) under the mandate of the Texas Association of Sports Officials (TASO).
- 2. This Clinic is on 20 July 2019 (specific agenda published separately).
- 3. As a condition of this agreement and to participate in the clinic you must agree to the following terms and conditions:
- a. This agreement is specific to CTFBC Regional Clinic on 20 July 2019.
- b. You are serving in a voluntary capacity and not as an employee of CTFBC or any other affiliated company / individual involved in this event.
- c. You understand and agree there are risks of injury, severe injury, and partial / permanent disability associated with officiating football games. You for yourself and on behalf of your personal representatives, heirs, next of kin, executors, administrators, and others hereby releases, waives, discharges, and covenants not to sue CTFBC and/or their organizers, Department of Education, and/or any other affiliated companies, individuals, sports teams, or volunteers surrounding this event. If you agree to participate in this event, you are solely responsible for your own health, livelihood, and well-being while traveling to/from and attending any part of this event.
- d. This agreement is subject to cancellation by CTFBC at any time.
- e. Registration fee must accompany this participant and liability waiver.
- f. Participant signature is required to receive attendance credit for the clinic.
- g. If for any reason beyond our control the clinic date is changed or cancelled, the paid participants will receive a full refund for the cost of the clinic registration.
- h. Registration fees will NOT be refunded to officials who pre-register and do not attend unless notification of non-attendance is received prior to the actual day of the clinic.

Official (Print Name):	Date:	
Official's Signature:		
Digital Signature (in lieu of actual signature):		