



CENTRAL TEXAS FOOTBALL CHAPTER
"You Make the Call" Registration Form
12 July 2025



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

First and Last Name: _____

Primary Email Address: _____

Phone Number: _____

TASO ID Number: _____

*******Note: Attendance for 1st year officials are free. Cost for the meal is \$12.00*******

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: _____

Registration Fee

Received by 29 June 2025:	\$50.00	\$ _____
Meal Only (for 1 st year officials)	\$12.00	\$ _____
Received AFTER 29 June 20245	\$60.00	\$ _____
Total Amount Paid:		\$ _____

Email signed Registration Form with check or money order to dwc5428@gmail.com. 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 Venmo or PayPal (when paying with Venmo or PayPal add \$5.00 service fee). Contact Dale Cowan at (254) 258-2744 to pay by Venmo or PayPal.

"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 12 July 2025 (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 12 June 2025.

b. You are serving in a voluntary capacity and not as an employee of Central Texas Football Chapter (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: _____