



2024 MEMBERSHIP & COACHING SCHOOL REGISTRATION FORM CHECKLIST

WHILE FILLING OUT YOUR FORM PLEASE REFERENCE THIS CHECKLIST

ALL OF THESE ITEMS ARE VERY IMPORTANT TO KEEP YOUR MEMBER PROFILE AS ACCURATE AS POSSIBLE. ALSO, THIS WILL HELP YOU TO AVOID LOGIN ISSUES.

No	TO DO	<input checked="" type="checkbox"/>
1	Fill in THSCA ID # (You can find this in your member portal or contact us)	
2	Fill in Date of Birth	
3	Fill in Last, First, & Middle Name (put nickname in parenthesis but also include your legal name)	
4	Email Address (Please use personal email address to decrease login issues to your portal)	
5	Mailing address (personal is best to ensure you receive mailouts)	
6	Mobile Phone Number	
7	Previous School (if you are registering since changing schools)	
8	Current School (name of campus vs name of district)	
9	Write in each sport you are coaching & for each sport check- school level, boys or girls, & if you're the head coach	
10	Check if you are the Athletic Director, Coordinator, Trainer, or Retired	
11	Select your membership fee by checking the box that applies to you.	
12	Check the box of how you want to receive your Texas Coach Magazine	
13	Select any other products that you wish to include. (If you wish to pay separately for any of these for example: Liability Insurance, you can check it and note what payment should be used for the \$65 or you can do it online in your portal once the membership goes through)	
14	Add up the products you selected and put the total in the Total Amount Due Box (double check your math before you send payment)	
15	Check if it is an individual payment or a school payment. Write ISD name if it is a school payment	
16	Fill in the payment method information. Make sure the expiration date of the credit card is filled out.	
17	THSCA Membership and Liability Insurance run from July 1st through June 30th of the next year. (if you purchase after July 1st then your coverage starts at payment date)	



2024 School Payment Coversheet

Use this sheet to ensure that your forms and check balance out.

**** If you are hiring a new coach & don't have a name but know that you will register them, put CREDIT for attendee name****

The deadline is 10/16/2024 to assign that credit to a new coach.

SCHOOL NAME	ISD NAME	CITY	DATE

#	FIRST NAME	LAST NAME	MEM @ \$70	CS REG BEFORE 6/2/24 @ \$60	CS REG BEFORE 7/2/24 @ \$75	TOTAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

TOTAL PAYMENT AMOUNT

Credit Card:
 Name on Card: _____
 CC #: _____
 Exp Date: _____ CCV: _____

Check Info:
 Check # _____
 Check Date: _____

Email Receipt to: _____

MAIL OR EMAIL THIS FORM ALONG WITH YOUR PAYMENT & FORMS
 NO LATER THAN **JULY 1st, 2024**

TO: THSCA, P.O. Drawer 1138, San Marcos, TX 78667-1138 or info@thsca.com

2024-2025 THSCA REGISTRATION FORM

P.O. DRAWER 1138, SAN MARCOS, TX 78667
 PHONE: 512.392.3741 EMAIL: info@thsca.com



THSCA ID #: _____
 I CAN'T REMEMBER MY ID NUMBER
 I'VE **NEVER** BEEN A MEMBER BEFORE

GENDER: M F

DATE OF BIRTH: ____/____/____ RACE: American Indian or Alaska Native Asian or Asian American Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander White Other

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

PREFERRED EMAIL ADDRESS _____
 I agree to receive THSCA Email Updates & Reminders. I agree to receive SMS Messaging from THSCA.

PREFERRED MAILING ADDRESS _____ APARTMENT/UNIT # _____

CITY _____ STATE _____ ZIP _____ MOBILE PHONE _____

CURRENT SCHOOL (WHERE EMPLOYED OR ATTENDING) _____ SCHOOL CITY _____ SCHOOL DISTRICT _____

PREVIOUS SCHOOL WHERE EMPLOYED (IF APPLICABLE) _____
ALL THSCA Memberships include a subscription to Texas Coach magazine, please select your preferred method of delivery: MAIL ME A COPY EMAIL DELIVERY

CHECK ALL THAT CURRENTLY APPLY:	SPORTS YOU ARE CURRENTLY COACHING:
<input type="checkbox"/> ATHLETIC DIRECTOR	1. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HS HEAD COACH <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS
<input type="checkbox"/> ATHLETIC COORDINATOR	2. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HS HEAD COACH <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS
<input type="checkbox"/> ATHLETIC TRAINER	3. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> JUNIOR HIGH <input type="checkbox"/> HS HEAD COACH <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS
<input type="checkbox"/> RETIRED FROM EDUCATION	

The THSCA membership year will run from **July 1st to June 30th** of the following year, concurrent with UIL and academic calendars.
 A portion of every membership fee goes to the THSCEF as an education fee.

1. SELECT MEMBERSHIP TO PURCHASE:	2. COACHING SCHOOL OPTIONS:	3. OTHER ITEMS:
<input type="checkbox"/> PROFESSIONAL MEMBERSHIP - \$70 <small>Shall include all coaches and athletic administrators employed at a school in Texas under the direction of the University Interscholastic League. (\$90 after 10/15/2024)</small>	<input type="checkbox"/> 2024 COACHING SCHOOL REGISTRATION San Antonio, TX - July 21-23, 2024 \$60 If paid by 6/1. \$75 If paid between 6/2 - 7/1. NO REFUNDS OR TRANSFERS ACCEPTED AFTER JULY 1ST. On-site Registration fee will be \$90 per person.	<input type="checkbox"/> BENEVOLENCE FUND (THSCA MEMBER DONATION) \$5 (Increments)
<input type="checkbox"/> AFFILIATE MEMBERSHIP - \$70 <small>Shall include all coaches and athletic administrators employed at a Private, Parochial, or out of state school, all College/University employees, & individuals wishing to support the THSCA. (\$90 after 10/15/2024)</small>		<input type="checkbox"/> POLITICAL ACTION COMMITTEE (THSCA MEMBER DONATION) \$5 (Increments)
<input type="checkbox"/> RETIRED MEMBERSHIP - \$70 <small>Shall include all members in good standing of the THSCA, who have completed their coaching career and are no longer employed by an educational institution of any kind.</small>	<input type="checkbox"/> STUDENT REGISTRATION - \$25	<input type="checkbox"/> PROFESSIONAL LIABILITY INSURANCE COVERAGE - \$65 <small>** Read Eligibility Requirements for Professional Liability Insurance Coverage Below**</small>
<input type="checkbox"/> STUDENT MEMBERSHIP - \$30 <small>Shall include any individual actively pursuing a teaching certification & a career in coaching.</small>		

PAYMENT SUBMITTED BY _____ **TOTAL AMOUNT DUE :** _____

<input type="checkbox"/> INDIVIDUAL OR <input type="checkbox"/> SCHOOL (SCHOOL/ISD: _____)		**2024-2025 COACHES PROFESSIONAL LIABILITY INSURANCE ELIGIBILITY CRITERIA** Coverage effect 7/1/24 through 6/30/25. Coverage purchased after 7/1/24 will commence on the payment received date. This coverage is not retroactive. You must be a Coach, Athletic Trainer or Athletic Director for an accredited secondary school, college, junior college or university, within the state of Texas. Coverage also applies to classroom duties. Your THSCA membership must be current for the 24-25 school year to be eligible to purchase this coverage. If you choose to purchase this coverage & do not meet the criteria for eligibility, this coverage will not be valid. (Annual Premium \$54.00; State Taxes & Fees (4.89%) \$2.64; Association Admin. Fee \$8.36; TOTAL 24-25 Renewal Premium: \$65.00)	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____			
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER NETWORK <input type="checkbox"/> AMERICAN EXPRESS (PLEASE MAKE CHECKS PAYABLE TO THSCA)			
CREDIT CARD NUMBER _____		CARDHOLDER'S ADDRESS (IF DIFFERENT THAN ABOVE) STREET ADDRESS _____	
EXP DATE _____		CITY, STATE _____ ZIP CODE _____	
CVV-CODE (Last 3 Digits on the back) _____		CARDHOLDER'S NAME (PRINT) _____ CARDHOLDER'S SIGNATURE _____	