

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) _____ UNIV/COLLEGE WHERE YOU RECEIVED YOUR UNDERGRAD DEGREE _____ UNIV/COLLEGE WHERE YOU RECEIVED YOUR POST-GRAD DEGREE _____

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 - \$50 <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"/> 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>	<input type="checkbox"/> STUDENT REGISTRATION - \$25	

PAYMENT SUBMITTED BY _____ TOTAL AMOUNT DUE: _____

INDIVIDUAL OR SCHOOL (SCHOOL/ISD: _____)
 CASH CHECK # _____
 VISA MasterCard DISCOVER NETWORK AMERICAN EXPRESS (PLEASE MAKE CHECKS PAYABLE TO THSCA)

****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)

CREDIT CARD NUMBER	EXP DATE	CITY, STATE	ZIP CODE
	CVV-CODE (Last 3 Digits on the back)	CARDHOLDER'S NAME (PRINT)	CARDHOLDER'S SIGNATURE

CARDHOLDER'S ADDRESS (IF DIFFERENT THAN ABOVE) STREET ADDRESS _____