

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
 Please note, we will only print and mail 5 of the 9 issues for the year. All 9 will be provided digitally to all members.

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.

SELECT MEMBERSHIP FEES:	
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 10/15/24.)</small>	
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, and individuals wishing to support the THSCA. (\$90 after 10/15/24.)</small>	
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>	
STUDENT MEMBERSHIP - \$30 <small>Shall include any individual actively pursuing their teaching certification & a career in coaching.</small>	
SELECT OTHER FEES:	
BENEVOLENCE FUND DONATION <small>(THSCA MEMBER DONATION) - \$5 (Increments)</small>	
POLITICAL ACTION COMMITTEE <small>(THSCA MEMBER DONATION) - \$5 (Increments)</small>	
PROFESSIONAL LIABILITY INSURANCE - \$65 <small>Read Eligibility Requirements for THSCA Professional Liability Insurance Coverage to the right**</small>	

PAYMENT SUBMITTED BY:

INDIVIDUAL OR SCHOOL (SCHOOL/ISD NAME: _____)

CASH CHECK # _____

(PLEASE MAKE CHECKS PAYABLE TO THSCA)

CREDIT CARD NUMBER _____

EXP DATE _____ CVV-CODE (Last 3 Digits on the back) _____ DATE _____

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

CITY, STATE _____ ZIP CODE _____

CARDHOLDER'S NAME (PRINT) _____ CARDHOLDER'S SIGNATURE _____

TOTAL AMOUNT DUE

****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)