2026-2027 THSCA REGISTRATION FORM

P.O. DRAWER 1138, SAN MARCOS, TX 78667
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THSCA
TEXAS HIGH SCHOOL COACHES ASSOCIATION & COACHES EDUCATION FOUNDATION

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 _____

☐ *I agree to receive THSCA Email Updates & Reminders.*

☐ *I agree to receive SMS Messaging from THSCA.*

PRIMARY **EMAIL** ADDRESS (Login ID) _____ SECONDARY **EMAIL** ADDRESS _____

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:
☐ ATHLETIC DIRECTOR	1. ☐ *HIGH SCHOOL* ☐ *JUNIOR HIGH* ☐ *HS HEAD COACH* ☐ *BOYS* ☐ *GIRLS*
☐ HIGH SCHOOL COORDINATOR	2. ☐ *HIGH SCHOOL* ☐ *JUNIOR HIGH* ☐ *HS HEAD COACH* ☐ *BOYS* ☐ *GIRLS*
☐ JUNIOR HIGH COORDINATOR	3. ☐ *HIGH SCHOOL* ☐ *JUNIOR HIGH* ☐ *HS HEAD COACH* ☐ *BOYS* ☐ *GIRLS*
☐ ATHLETIC TRAINER	
☐ 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** - $90
Shall include all coaches and athletic administrators employed at a school in Texas under the direction of the University Interscholastic League. ($90 after 10/15/2026)

☐ **AFFILIATE MEMBERSHIP** - $90
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 10/15/2026)

☐ **RETIRED MEMBERSHIP** -$50
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.

☐ **STUDENT MEMBERSHIP** - $30
Shall include any individual actively pursuing their teaching certification & a career in coaching.

SELECT OTHER FEES:

BENEVOLENCE FUND DONATION
(THSCA MEMBER DONATION) - $5 *(Increments)*

POLITICAL ACTION COMMITTEE
(THSCA MEMBER DONATION) - $5 *(Increments)*

☐ **PROFESSIONAL LIABILITY INSURANCE** -$65
*Read Eligibility Requirements for THSCA Professional Liability Insurance Coverage to the right***

TOTAL AMOUNT DUE

PAYMENT SUBMITTED BY:

☐ **INDIVIDUAL** *OR* ☐ **SCHOOL***(SCHOOL/ISD NAME: _____)*

☐ **CASH** ☐ **CHECK #** _____

☐ VISA ☐ MasterCard ☐ DISCOVER NETWORK ☐ AMERICAN EXPRESS *(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

****2026-2027 COACHES PROFESSIONAL LIABILITY INSURANCE ELIGIBILITY CRITERIA****
Coverage effect 7/1/26 through 6/30/27. Coverage purchased after 7/1/26 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 26-27 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 $57.00; State Taxes & Fees (4.89%) $2.79; Association Admin. Fee $5.21; TOTAL 26-27 Renewal Premium: $65.00)**