



THSCA ID #: _____

FOR OFFICE USE ONLY:

I CAN'T REMEMBER MY ID NUMBER

I'VE NEVER BEEN A MEMBER BEFORE

DATE OF BIRTH: ____ / ____ / ____

GENDER: M F

CONTACT & SCHOOL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

PREFERRED MAILING ADDRESS _____ APARTMENT/UNIT # _____

CITY _____ STATE _____ ZIP _____ MOBILE PHONE _____

I agree to receive THSCA Email Updates & Reminders.

PREFERRED EMAIL ADDRESS _____ PREVIOUS SCHOOL WHERE EMPLOYED (IF APPLICABLE) _____

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

SUPERVISOR'S NAME & TITLE (FOR EMPLOYMENT VERIFICATION) _____ WORK PHONE _____

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 annual membership term runs from September 1st through August 31st of the following year, congruent with each school year. A portion of every membership fee goes to the THSCEF as an education fee.

SELECT MEMBERSHIP FEES:

PROFESSIONAL MEMBERSHIP - \$70

Shall include all coaches and athletic administrators employed at a school in Texas under the direction of the University Interscholastic League.

RETIRED MEMBERSHIP - \$70

Shall include all those 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.

AFFILIATE MEMBERSHIP - \$70

Shall include all coaches and athletic administrators employed at a Private, Parochial, or out of state school, all College/University employees, and all those individuals wishing to support the efforts of the THSCA.

SELECT OTHER FEES:

BENVOLENCE FUND DONATION - \$5 (Increments)
(THSCA MEMBER DONATION)

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

PROFESSIONAL LIABILITY INSURANCE - \$54
See Eligibility Requirements for THSCA Professional Liability Insurance Coverage to the right**

2021 Leadership Summit Ticket - \$89
E-Sports Stadium - Arlington, TX - Monday, February 22, 2021

2021 Hall of Honor Banquet Ticket - \$55
E-Sports Stadium - Arlington, TX - Sunday, February 21, 2021

TOTAL AMOUNT DUE

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 _____

**2020-2021 COACHES LIABILITY INSURANCE CRITERIA:

This policy will be in effect 9/1/2020 - 8/31/2021. Policies purchased after 9/1/2020 will commence coverage as of the payment received date. This insurance policy is not retroactive. Last day to enroll for 20-21 school year is 1/31/21.

You must be a coach, athletic trainer, or athletic director, including classroom duties, for an accredited secondary school, college, junior college or university within the state of Texas.

Your THSCA membership must be current for the 2020-21 school year to be eligible to purchase this policy. If you choose to purchase this insurance policy and do not meet the criteria for eligibility, this policy will not be valid.

Annual Premium \$48.00; State Taxes & Fees (5%) \$2.40; Association Administration Fee \$3.60.
(Total 2020-21 Renewal Premium: \$54.00)