

(A THESA Membership application must be completed upon the athlete making a team)

THESA Athlete Application

Check one: **High School (9-12)** _____ **Middle School (6-8)** _____

Activity (Circle One): ***Girls:* Volleyball; Basketball** ***Boys:* Baseball ; Basketball; Golf**
Sponsor: **Texas Home Educators Sports Association, Inc. (THESA)**

Name of Player _____

Address _____

City, ZIP _____

Home Phone _____ Dad's Work _____ Mom's Work _____

Birthdate _____ Grade _____ Age today _____

Parents' Names: _____

Dad's Cell: _____ Mom's Cell: _____

Parents' email _____ Player's email or secondary email _____

How many years have you been homeschooled? _____

How many years have you played this sport? _____ At what level? _____

What positions do you like to play? _____

Please sign the following purpose statement if you agree to abide by it:

"As an THESA participant, I will promote Christ-like sportsmanship through playing fairly, respecting authority, and being a positive loser and a gracious winner. I will also promote Christ-like character through faithful attendance and participation in all sporting events and fundraisers. My attitude and appearance will reflect Christ at all times."

Player's signature: _____ Date: _____

(For parents only)

"As the parent of a THESA participant, I will model and promote Christ-like sportsmanship through giving positive encouragement, respecting authority, and being a positive loser and a gracious winner."

Permission and Release: I give permission for my child to participate in this activity. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the *Rules* of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. I understand that THESA may not carry medical insurance for players or coaches and I am fully responsible for any and all medical bills (THESA may have a secondary medical policy if needed).

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted or are otherwise not available, I give permission for any emergency treatment that is deemed necessary by a licensed physician or emergency personnel.

Family physician _____ Phone _____

List pertinent medical information below (diabetes, allergies, asthma, etc.):

Parent's signature: _____ Date: _____

Parent's signature: _____ Date: _____