



Texas Home Educators' Sports Association, Inc. (THESA)

Athlete Application and Release – BASKETBALL

Athlete information:

Full Name: \_\_\_\_\_
Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age as of Sept 1 (Current year): \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Home Address: \_\_\_\_\_
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
In which other THESA teams are you or family member active in (as of Aug of current year)? \_\_\_\_\_

Parent/Guardian 1: Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_
Parent/Guardian 2: Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

What email is registered in the THESA website (Head of household)?: \_\_\_\_\_

By submitting this application, you agree to abide by all of THESA rules as defined in the Athletic Handbook and Eligibility Requirements at all times. (See the THESARIDERS.COM basketball page for documents) There is a THESA Membership fee of \$40 per family per year starting in August of each year (covers costs such as office supplies, postage, bank fees, banquet expenses, website maintenance, awards, etc.). This is in addition to the specific sports fee upon making a team.

Permission and Release of Liability: I give permission for my child to participate in this activity and I hereby declare that my child is physically able to participate in strenuous activity such as competitive athletics and any tryouts. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by medication and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgement upon an arbitration award may be entered in any court otherwise having jurisdiction. I understand that THESA does not cover medical insurance for players or coaches and I am fully responsible for any and all medical bills.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents or 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 or physical limitations on back of this form and alert coaches to any serious ailments or concerns (diabetes, allergies, asthma, etc.)

For Athletes: "As a THESA participant, I will promote Christ-like sportsmanship through playing fairly, respecting authority, and being a positive loser and 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. I will abide by all of THESA rules as defined in the Athletic Handbook and Eligibility Requirements at all times."

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

By signing this form, you are agreeing to all statements above, but not limited to, release of liability and medical treatment.

Parent Signature: \_\_\_\_\_ Parent Signature : \_\_\_\_\_

Date: \_\_\_\_\_