

Texas Home Educators' Sports Association, Inc. (THESA) Athlete Application and Release

Athlete's Full Name: _____

Birthdate: _____ Current Grade: _____ Age Today: _____

Player Home Phone: _____ Player Cell: _____

Player Email: _____

Home Address: _____

City: _____ Zip Code: _____

Player Height: _____ Player Weight: _____

At what level have you played? _____

Any physical/medical limitations? (if yes, please describe) _____

Dad's Name: _____	Mom's Name: _____
Dad's Email: _____	Mom's Email: _____
Dad's Cell: _____	Mom's Cell: _____

How many years have you been educated at home?

Do you meet THESA eligibility requirements?

Attending any organized school classes? _____

If yes, what school? _____

How many courses? _____

By submitting this Application you agree to abide by all of THESA rules including the Athletic Handbook and Eligibility Requirements at all times. (See thesariders.com "Forms" for these documents.) In addition to the Sport Fee for the particular team, there is THESA membership fee of \$50 per family per sport year beginning in August. This fee is used to cover the administrative costs, overhead and other activities associated with running the organization, i.e. – Website fees, office supplies, banquet expenses, Rider Awards, etc.

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 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 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 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 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. I will also abide by all of THESA rules including the Athletic Handbook and Eligibility Requirements at all times.”

For Parents: “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.”

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

Parent Signature: _____ Parent Signature: _____ Player Signature: _____

Date: _____ Date: _____ Date: _____