TISCA Registration 2016-2017

All payment, paperwork and electronic files need to be received by Oct 31, 2016 to complete the registration process.   Late registration, including all payments, paperwork & electronic files, will be accepted until Jan 15, 2017. Please **complete all steps** for each team that you coach.

1. Payment:
2. Please print & complete part A (pg. 2) of this document.
3. Head coaches must initial and sign appropriate items on part A (page 2).
4. Payment $15.00 before Nov 1, $40 after Nov 1.  (checks payable to TISCA)
5. Mail completed form A & check to:

TISCA

c/o Molly Pickering

3972 St. Phillip Drive

Bartlett, TN 38133

1. Team registration:
2. Please complete part B (page 3)
3. Send completed form to [alex.major@lebanontn.org](mailto:alex.major@lebanontn.org) electronically.

1. Roster:
2. Please send a roster electronically to [alex.major@lebanontn.org](mailto:alex.major@lebanontn.org)
3. Please send a hy-tek or team unify athlete roster.
4. Do NOT include athlete’s home address/phone number, birthdate …

1. Concussions and Cardiac Arrest:
2. Please see <http://tn.gov/health/article/tbi-concussion> for information.  Please see <http://nfhslearn.com/courses?searchText=Cardiac+arrest> for cardiac arrest info.
3. For ALL coaches registered with TISCA, a concussion and cardiac arrest training certificate of completion needs to be sent to [alex.major@lebanontn.org](mailto:alex.major@lebanontn.org) along with the concussion COACH signature form.
4. It must be dated after Mar 1, 2016 to be valid for the 2016-17 season.
5. A concussion form only needs to be sent once per coach.  If a coach coaches multiple teams, please list all teams coached in the email when sending certificate.
6. Completed concussion forms for all athletes must be collected before an athlete practices or participates in a competition for the high school team.  These forms must be maintained for three years by the school or team.

TISCA REGISTRATION PART A

Type: Public/Private/Homeschool/Individual

School Name:

Head Coach Name & Contact number:

Head Coach Email:

Team Contact Name and Contact number:

Team Contact email:

Head Coach must complete both of the following items (initial if completed):

\_\_\_\_\_All athletes & parents have complete the concussion awareness form as required by TN state law before beginning practice.  This form will be maintained by the school (or team or coach) for a period of not less than three years.

\_\_\_\_\_All coaches have completed the concussion awareness training as required by TN state law before beginning coaching any practices.  Please submit an electronic copy of the certificate of completion for all coaches registered with the team (see instruction page).

Head Coach: Please choose one, and sign:

\_\_\_\_\_This team has no home school athletes attached to the team.

\_\_\_\_\_This team has home school athletes attached to the team per TISCA guidelines & TN state law. (athletic director must sign as well for this option)

Head Coach Signature/Athletic Director Signature (if required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Payment:
     1. Payment $15.00 before Nov 1, 2016, $40 after Nov 1 before Jan 15, 2017.
     2. Checks payable to TISCA
     3. Mail completed form A (this page) & payment to:

TISCA

c/o Molly Pickering

3972 St. Phillip Drive

Bartlett, TN 38133

TISCA REGISTRATION 2016-2017 PART B

School Information

School/Team:  Team Abbreviation

Short team Name (call letters/mascot):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type:*Public/Private/Homeschool/Individual*

Team Region: *East/Chattanooga/Mid-State/Knoxville/West*

School Phone:  \_\_\_\_\_\_\_\_\_\_\_School Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head Coach Information (Primary Voting Member)

Name: Email:

1st phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_   *Cell   Home  Work* Fax

2nd phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   *Cell   Home  Work*

*The head coach automatically receive all TISCA emails.*

Assistant Coach Information

Name: Email:

Phone:   *Cell   Home  Work*

Emails to receive: All/swim/dive/polo

Name: Email:

Phone:     *Cell   Home  Work*

Emails to receive: All/swim/dive/polo

School Athletic Director

Name:  Email:

School Representative Information (Alternate Voting Member)

Name: Email:

THIS FORM IS TO BE COMPLETED AND RETURNED ELECTRONICALLY TO [alex.major@lebanontn.org](mailto:alex.major@lebanontn.org).