



## MEMBERSHIP APPLICATION

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Student's Adult T-shirt Size: S M L XL

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Best person(s) to call after school hours for student pick-up (if necessary) – *Please print clearly*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Circle one  
Home - Work – Cell

Name \_\_\_\_\_ Phone \_\_\_\_\_ Circle one  
Home - Work – Cell

Please list teacher's name for each period

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_

*By signing below you agree to the following:*

- *I have read and understand the TSA Brochure completely.*
- *I understand and accept all requirements, guidelines and consequences.*
- *I understand there is a \$30.00 (non-refundable) membership fee which needs to be included with this membership application.*

\_\_\_\_\_  
Parent's Signature:

\_\_\_\_\_  
Student's Signature:

**Return this membership application and \$30 membership fee to Mrs. Gore's room 5-208 or Mrs Hendren room 5-107.**

*Make checks Payable to: Parrish Community High School*