



Leander ISD High School Club Sport Recognition Application

Date _____ Name of Club Sport Team _____ (designate girls' or boys' team)

Campus _____ Club Contact Name _____

Telephone number(s) _____ Email address _____

Address _____

Type of sport _____ Official season begins and ends on _____

The following supporting documentation must accompany this application before the deadline of Oct. 31, 2016:

- Proof of current not-for-profit status
- Articles of organization and bylaws of parental board of control
- Proof that every parental board member is an approved LISD volunteer
- List of all coaches/assistant coaches/trainers, etc. who will have to have LISD-approved criminal background clearances and fingerprinting, if the request for recognition is approved.*
- Team schedule
- Team roster of known LISD registered students (an updated roster will be required at the beginning of the season, members must attend the same high school)
- Name of campus sponsor (LISD employee) _____

Applications turned in after Oct.31 will not be approved. Remove application from website after Oct.31.

INSURANCE INFORMATION

Company _____ Policy Number _____

Coverage _____ Coverage Dates _____ to _____

APPLICATION SIGNATURE

I have read, understand and agree to all provisions set forth in the *Leander ISD 2016-2017 High School Club Sport Recognition Guidelines*. I understand that our Club Sport is required to concurrently request to be registered with the Office of the Executive Director of Business Services as a booster organization, and must follow the LISD Booster Club Guidelines, such as submitting all fundraisers for approval, attending the annual booster club meeting, making available all accounting documentation upon request for review, and all other guidelines, as outlined.

Signature of Applicant representing said Club Sport _____

Date _____

Signature of Campus Sponsor of said Club Sport _____

Date _____

Office Use:	
Received by campus athletic coordinator _____	Date _____
Recommend for approval: _____ Yes _____ No	
Received by campus principal _____	Date _____
Recommend for approval: _____ Yes _____ No	
Received by Athletics Director _____	Date _____
Recommend for approval: _____ Yes _____ No	
Superintendent signature _____	Date _____
Approved _____ Denied _____ Reason for Denial _____	

* If approved all identified parties will work through human resources to obtain LISD-approved criminal background approvals and fingerprinting at the expense of the individual or the Club Sport.