

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 on _____ and ends on _____

_____ Campus Sponsor _____ Email address _____

Phone Number _____

The following supporting documentation must accompany this application before the deadline of **Nov.1, 2019**:

- 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 must have LISD-approved criminal background clearances and fingerprinting from TEA. Coaches must meet LISD HR standards for hire. TEA Fingerprinting & clearance from LISD HR must be complete before club is officially approved. Coaches must apply through the LISD website. They will apply for the 19/20 "TEMPORARY WORKER (Do not use unless instructed by HR)" position.
- 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 Nov. 1 will not be approved. Application will be removed from website after Nov.1.

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 2019-2020 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 Assistant Superintendent for Business and Operations 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 _____