TRAVERSE CITY AREA PUBLIC SCHOOLS CLUB APPLICATION

SCHOOL (CHECK ONE):

	EAST MIDDLE SCHOOL			CENTRAL HIGH SCHOOL
	WEST MIDDLE SCHOOL			WEST SENIOR HIGH SCHOOL
	COOP MIDDLE (EMS & WMS)			COOP HIGH SCHOOL (CHS & WSH)
				TRAVERSE CITY HIGH SCHOOL
CLUB:				
STUDENT APPLICANT:				
		(h)(w)		
			(h)(w)	
DATE:				

1. BRIEF DESCRIPTION OF CLUB

2. PURPOSE OF CLUB

3. MEMBERSHIP SIZE, GENDER, AND GRADE LEVEL

4. ACTIVITIES THE CLUB ANTICIPATES FOR THE COMING YEAR

5. NUMBER OF MEETINGS/COMPETITIONS PER YEAR/SEASON

6. PRACTICE/COMPETITION SITE

- 7. ANTICIPATED COSTS
- 8. FUNDING SOURCES

9. MODE OF TRANSPORTATION IF TRAVEL IS INVOLVED IN CLUB ACTIVITIES/ANTICIPATED DRIVERS

CLUB APPLICATION

Name of Club Sport: _____

I have reviewed the Club guidelines and have considered the following criteria:

- 1. Facility availability
- 2. Staffing capability
- 3. Supervision capability
- 4. Funding capability
- 5. Available community programs
- 6. Appropriateness for student age group
- 7. Student safety
- 8. Insurance
- 9. Availability of appropriate competition
- 10. Alignment with school and district philosophy
- 11. Title IX compliance

I recommend this application to the superintendent recognizing that the club could be terminated if:

- Title IX Gender Equity compliance is not met
- Coaches and/or sponsors do not pass the criminal records check
- A financial liability is imposed on the Board of Education
- School or Athletic rules are violated

Principal

Athletic Director

Date

Date

RECOMMEND THIS APPLICATION TO SUPERINTENDENT

_____ Approved by superintendent

_____ Not approved by superintendent

_____ Sent to TCAPS Board of Education for approval

Superintendent

Date

Send original to Superintendent Send copies to: Asst. Superintendent Human Resources Executive Director