**CAA MEMBERSHIP APPLICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCHOOL:** | Enter School Name | | | | |
| **Address:** | Click School Address | **City:** | Enter City | **Zip:** | Enter Zip |
| **Phone:** | Enter School Phone | **Fax:** | Enter School Fax | | |

**SCHOOL CONTACTS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of School:** | Enter Name | **Email:** | Enter email address |
| **Athletic Director:** | Enter Name | **Email:** | Enter email address |

**SCHOOL INFORMATION:**

**Year School Opened:** Enter Year

**Grades:** Choose an item

**Total Enrollment:**  Enter #

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade Level** | **BOYS** | **GIRLS** | **TOTAL** |
| **PK - 8** | Enter # | Enter # | Enter # |
| **9 -12** | Enter #. | Enter # | Enter # |
| **Post Grad.** | Enter # | Enter #. | Enter # |

**What percentage of your school’s population eligible for athletic participation actively participates in interscholastic completion?** Enter %

**What is your school’s mission?**

|  |
| --- |
| Click here to enter text |

**INTERSCHOLASTIC INFORMATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SPORT | GENDER | LEVEL |  | SPORT | GENDER | LEVEL |
| ***Ie. Soccer*** | ***Boys*** | ***Varsity*** | ***Basketball*** | ***Girls*** | ***Junior High*** |
| Enter Sport | Enter Gender | Enter Level | Enter Sport | Enter Gender | Enter Level |
| Enter Sport | Enter Gender | Enter Level | Enter Sport | Enter Gender | Enter Level |
| Enter Sport | Enter Gender | Enter Level | Enter Sport | Enter Gender | Enter Level |
| Enter Sport | Enter Gender | Enter Level | Enter Sport | Enter Gender | Enter Level |
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| Enter Sport | Enter Gender | Enter Level | Enter Sport | Enter Gender | Enter Level |
| Enter Sport | Enter Gender | Enter Level | Enter Sport | Enter Gender | Enter Level |

***Do you have an athletic trainer or other health professional on staff?*** Choose an item

***If not, do you employ an outside agency?*** Choose an item  ***If yes, who?*** Click here to enter text

***Did you participate in another league/association?***  NO or YES  ***If yes, which one?*** Click here to enter text

**What is the P.E./Athletic Requirements at your school?**

|  |
| --- |
| Click here to enter text |

**Facilities available in conjunction with your sports program:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FACILITY** | **@ SCHOOL**  *(if no, complete column 4)* | **UNDER CONSTRUCTION** | **RENTAL VENUE NAME**  *(if not on campus & planning on competing)* |
| **Baseball/Softball Field** | NO or YES | NO or YES | Rental Facility Name |
| **Football/Soccer Field** | NO or YES | NO or YES | Rental Facility Name |
| **Gym** | NO or YES | NO or YES | Rental Facility Name |
| **Track** | NO or YES | NO or YES | Rental Facility Name |

**What is your reason for joining the C.A.A.?**

|  |
| --- |
| Click here to enter text |

***I certify that all the information above is to the best of my knowledge and belief to be true, correct, and complete.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name:** | Enter Name | **Title:** | Title |
| **Signature:** | Typing name will serve as signature | **Date:** | Date |

*Please save document and email it to Randy Baum, Executive Director rbaum@azcaapreps.com*