**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 |
| 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 |

***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*