

# COOPERATIVE SCHOOL/JOINT PARTICIPATION PROGRAMS APPLICATION

Cooperative school programs are defined as a union of two or more schools. Cooperative school programs may be approved by the Executive Director and/or the Board of Directors when a request is received in a timely manner. Schools are encouraged to consult with the Executive Director as how to best submit a request.

Joint Participation Programs allows students from a 1A or 2A schools to participate on another member schools team. Request must be submitted to the Executive Director in a timely manner.

For guidelines and specific conditions of Cooperative and Joint Participation Programs see ASAA Bylaws Article 7, Section 11

## These schools request permission to form a cooperative team.

**School #1**

**Enrollment**

**Class**
☐ 1A ☐ 2A  
☐ 3A ☐ 4A

**School #2**

**Enrollment**

**Class**
☐ 1A ☐ 2A  
☐ 3A ☐ 4A

**School #3**

**Enrollment**

**Class**
☐ 1A ☐ 2A  
☐ 3A ☐ 4A

**School #4**

**Enrollment**

**Class**
☐ 1A ☐ 2A  
☐ 3A ☐ 4A

Cooperative teams may be formed in the following sports. Mark the sport and gender in which the above schools wish to form a cooperative team.

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Boys
<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Mix Six Volleyball	<input type="checkbox"/> Other _____		<input type="checkbox"/> Girls

The administrators of each school have read and understand ASAA Bylaw Article 7, Section 9, subsections B and C, and wish to form a cooperative team under these guidelines.

**School #1 Administrator's Name**

**School #1 Administrator's Signature**

**Date**

**School #2 Administrator's Name**

**School #2 Administrator's Signature**

**Date**

**School #3 Administrator's Name**

**School #3 Administrator's Signature**

**Date**

**School #4 Administrator's Name**

**School #4 Administrator's Signature**

**Date**


## FOR OFFICE USE ONLY

**Executive Director's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Decision**
☐ APPROVED  
☐ DISAPPROVED

**Comments**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

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