

# Sunshine State Athletic Association



## Application for Membership

### General Information

Name of School	
School Type ( <i>Private, Charter, Public, Other-Specify</i> )	
Physical Address	
City, State, Zip Code	
Mailing Address	<input type="checkbox"/> <i>check if same as above</i>
City, State, Zip Code	
Grades at School (K-12)	
School Accreditation(s) <b>(Must Complete)</b> <b>DOE #</b>	
Year School Started	
Students Enrolled (9-12)	
Main Office Phone Number	
Website	
Athletic Website	
Field/Gym Location	
School Colors	
Mascot	

### Principal/Administrator

Name	
Title (e.g. Headmaster)	
Cell Phone	
Work Phone	
E-Mail Address	

**Athletic Director**

Name	
Cell Phone	
Work Phone	
E-Mail Address	

**Membership Requested (Choose "X")**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Varsity Football (8/11 man) | <input type="checkbox"/> Boys Varsity Basketball  | <input type="checkbox"/> Esports                     |
| <input type="checkbox"/> Boys Varsity Golf           | <input type="checkbox"/> Girls Varsity Basketball | <input type="checkbox"/> Girls Beach Volleyball      |
| <input type="checkbox"/> Girls Varsity Golf          | <input type="checkbox"/> Girls Varsity Soccer     | <input type="checkbox"/> Varsity Softball            |
| <input type="checkbox"/> Girls Varsity Volleyball    | <input type="checkbox"/> Boys Varsity Soccer      | <input type="checkbox"/> Varsity Baseball            |
| <input type="checkbox"/> D-League Football           |   | <input type="checkbox"/> Boys Varsity Track & Field  |
| <input type="checkbox"/> Boys Varsity Cross Country  |   | <input type="checkbox"/> Girls Varsity Track & Field |
| <input type="checkbox"/> Girls Varsity Cross Country |   |  |

*Must complete for each sport desiring membership*

**Head Coach:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

Name	
Cell Phone	
Work Phone	
E-Mail Address	

**Head Coach:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

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E-Mail Address	

**Head Coach:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

Name	
Cell Phone	
Work Phone	
E-Mail Address	

**Please check the boxes that apply:**

- My school offers and/or accepts Financial Assistance Programs. *(Any kind)*
- My school allows homeschool students to participate in athletics.
- My school has boarding students that reside on or off campus.

**Signature of Acceptance: By Principal/Administrator**

I understand that by signing and submitting this application for membership, expresses our desire to join the Sunshine State Athletic Association. By signing I certify that we agree, and will comply, with all of the following:

1. The information contained on this form is true and correct to the best of my knowledge.
2. I fully understand the requirements of membership in the SSAA.
3. I will assure that my school will operate our athletic programs in accordance with the bylaws and rules of the SSAA and FHSAA
4. We will have procedures in place to assure that we complete, submit and adhere to all required administrative submissions, reports and deadlines set by the SSAA.
5. My school guarantees that all participating student-athletes will meet all eligibility requirements to participate in SSAA competitions.
6. My school will fully and immediately cooperate with the SSAA in the investigation of any and all alleged violations, including inspection and examination to ensure compliance with the SSAA rules and bylaws. **Failure to fully and immediately cooperate is grounds for being dismissed from the conference.**
7. My school will have a representative at all required meetings or seminars, if we do not- we can be deemed ineligible for all competition in the SSAA.
8. **My School will submit the \$100 non-refundable fee to be considered for membership. If approved- that \$100 will apply to our first sport fee.**
9. My school will provide proof of all necessary liability insurance coverages, at time of application and keep in place during our membership in the SSAA.
10. I understand that membership in the SSAA is not guaranteed and that membership is granted by the choice of its membership.
11. I understand that the SSAA is an organization that requires members to have and maintain an "impeccable reputation" for following rules and that maintaining a level playing field is paramount and non-negotiable.
12. I understand that and agree that, if granted, my school's membership can be revoked by the choice of its membership for any cause that membership deems suitable.
13. I will ensure prompt and timely payments of all dues, fees, fines or other obligations owed to the SSAA.
14. ***My school will play all scheduled regular season, match-up and playoff games, or we will be responsible for all fines, as well as having our eligibility affected, up to and including possible removal from the conference.***

Signature of Principal/Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of SSAC President/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## **Membership Information**

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**Requirements** – All members are required to follow and adhere to all of the Bylaws and rules of the SSAA and FHSAA.

**New Members-** Schools applying for membership in the SSAA must meet the following criteria.

**Criteria-**

- Applicants must have paid a \$100 **non-refundable** application fee before consideration for membership. This is a one-time fee, and if approved will be credited towards your first sport fee.
- Applicants must be an accredited school with students-athletes in (6-8 grades) and/or (9-12 grades), depending on the sport in which you desire membership.
- **Applicants must have “an impeccable reputation for following rules.” A “reputation” of recruiting athletes, or unsportsmanlike conduct will be grounds for immediate denial of membership.**
- Applicants must have demonstrated a history of completing scheduled games. No prior competition history or a school with a history of canceling arranged, or agreed upon, games can be used as criteria for denying membership in the SSAA.
- Applicants must have no disciplinary action taken against them by the FHSAA, or any other organization, for a period of 2 years prior to applying for membership in the SSAA. Applicants must not have been denied membership in the FHSAA anytime in the previous 4 years before applying for SSAA membership.
- Applicants must currently be under 800 high school (9th-12<sup>th</sup> grade) student population to be considered for membership.
- All applications for membership must include (3) recommendation forms (SRF-1) completed by active SSAA member (full) schools, in good standing. SSAA probationary members cannot make recommendations for membership.
- **Must have a “positive” reputation for sportsmanship and have game day experience, to include player, coach and fan behavior at athletic competitions.**

**New Member Application** - A school shall be considered for membership in the SSAA upon submission of an application, signed by its Principal/Administrator, (3) member recommendations and the application fee. Once the application, recommendations and application fee are received by the SSAA, it will be submitted to our Board of Directors for consideration.

**Commitment** - There is a commitment period of **(2) two years** for all new and established members of the SSAA. All teams are eligible for playoffs, unless otherwise designated by the Board of Directors, as stated in the SSAA Bylaws. Dues or fees paid by the member will not be refunded for early termination of membership in the SSAC, or for limitations to a season due to an act of God.

**Acceptance or Denial for Membership**- The applicant(s) will be notified by the SSAA of their acceptance or denial for membership in the SSAA. **The applicant is responsible for the dues/fees for the year upon acceptance into the SSAA. Failure to pay the dues/fees in a timely manner can result in removal from the SSAA.**

**Probationary Period**- *All* new members shall serve a minimum of 2 year probationary period. At the end of the probationary period, a vote will be taken by the SSAC membership for your full membership in the SSAC. During the probationary period, the member will not be allowed to vote on Conference issues and are subject to removal without cause.

Please make checks payable to:

**SSAA**  
**PO Box 440177**  
**Jacksonville , FL 32222**