



DCSAA MEMBERSHIP APPLICATION

Through this application, the _____ School applies for membership in the District of Columbia State Athletics Association for the 20__ - 20__ school year. Membership in the DCSAA is voluntary with the exception of D.C. Public Schools, which are required to be members by law.

School Information

Name of School	
School Address	
City, State, ZipCode	
Administrative Head of School	
Principal Phone Number	
Principal Email	
Athletic Director of School	
Athletic Director Phone Number	
Athletic Director Email	

Signatures of Agreement

Signatures of the Principal of School and the Athletic Director represent an agreement that the member school, and its officials, certify that its student-athletes meet the requirements as prescribed in the Act, Rules & Handbook regarding:

- | | |
|----------------------------------|---------------------|
| 1. Age, Semester and Grade Level | 2. Residency |
| 3. Academics | 4. Health & Fitness |
| 5. Attendance | |

Declaration of Sports

Please Check Each Sport that you will compete in for a DCSAA Championship:

- | | | |
|--|--|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Basketball __B __G | <input type="checkbox"/> Indoor Track __B __G | <input type="checkbox"/> Tennis __B __G |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Outdoor Track __B __G | <input type="checkbox"/> Ultimate Frisbee |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Soccer __B __G | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cross Country __B __G | | |

(Signature of Administrative Head of School)

(Signature of Athletic Director)

