



ASSOCIATE MEMBERSHIP APPLICATION

IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION
8011 Ustick Rd Boise ID 83704 Phone: 208-283-2367
Email: coburnc@idhsaa.org

Any public or private school within the State of Idaho that meets the accrediting standards of secondary schools as required by the State Board of Education is eligible to become an associate member of the corporation.

Name of School: _____

Mailing address: _____ City: _____ Zip: _____

Street Address: _____ City: _____ Zip: _____
(if different than mailing address)

Superintendent/CEO: _____ Phone: _____

Superintendent/CEO E-mail Address: _____

Principal: _____ Phone: _____

Principal's E-mail Address: _____

1. Type of School: Public Private Charter

Any public or private school within the State of Idaho seeking associate membership in the IHSAA must be at least in the "candidacy stage" of accreditation. Please attach a letter of verification from the Idaho State Department of Education that your school has met this criteria.

Letter attached: Yes No

If no, please explain _____

Please describe the purpose and origin of the school:

Purpose:

Origin:

2. Check the activity programs in which the school offers:

Fall Activities

Winter Activities

Spring Activities

	Boys	Girls	Co-ed		Boys	Girls	Co-ed		Boys	Girls	Co-ed
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Music (no season): Vocal Instrumental

Other: _____

3. Will the school be able to meet or exceed the IHSAA facility requirements to host competition in the above activities in which the school desires to participate: Yes No

IHSAA Facility Requirements Please check yes or no to each of the following:

- A. Demonstrate the ability to host competition and provide a safe and appropriate environment for those activities the school chooses to sponsor Yes No
- B. Demonstrate the ability to meet the following field and gym conditions:
1. Meets National Federation field/court specifications:
(ex. – size, length, ceiling height) Yes No
 2. Playing surface – safe and adequately maintained, properly marked Yes No
 3. Crowd control capabilities – (Security barrier) Yes No
- C. Demonstrate the ability to meet the following facility amenities:
1. Adequate spectator seating/viewing area Yes No
 2. Available restrooms for public Yes No
 3. Separate restrooms for competitors/officials Yes No
 4. Score boards – public address system when needed Yes No
 5. Crowd control management Yes No
 6. Adequate locker room for visiting teams Yes No
 7. Adequate team areas – (sideline benches, etc.) Yes No
 8. Adequate parking for visiting team buses and spectators Yes No
2. If you answered no to any of the above facility requirements, please explain how your school plans to comply with IHSAA facility requirements.
- A.
- B.
- C.

“I certify that I have reviewed and understand the IHSAA Rules and Regulations regarding membership in to the Association. I further acknowledge that this school will follow all IHSAA Rules and Regulations and I understand that violating any of the guidelines may result in penalties/sanctions from the local Board of Control and/or the IHSAA.”

Superintendent / CEO

Date

This membership application has been approved denied by the Board of Control IHSAA membership review committee from District 1 2 3 4 5 6 (circle one).

District Board of Control President

District Board of Control Secretary