

Kentucky Christian School Athletic Association KCSAA

Membership Application

Organization Name: _____

Administrator: _____

Address: _____

Organization Phone: _____ e-mail: _____

Organization Status: (check one)

campus/day school

home school association

campus/day school with home school students

Does this organization have a handbook or governing document regarding membership and/or enrollment?

Y / N

If yes, please submit copy with application.

Please list extracurricular activities this organization provides for member students:

Are student records kept by the governing organization or by individual parents?

Organization Y / N ; Parents Y / N

Is general liability insurance providing coverage for students, activities, and facilities maintained?

Y / N Name of insurance carrier: _____

Does this organization operate under a statement of faith? Y / N

Does this organization require a dress standard for participation in athletics? Y / N

Has the administrator read the Association handbook? Y / N

Applying to participate in: Basketball

Volleyball

Basketball coach: _____ e-mail: _____

Volleyball coach: _____ e-mail: _____

Signature of Administrator: _____