



# DCSAA MEMBERSHIP APPLICATION

Through this application, your school applies for membership in the District of Columbia State Athletics Association for the **2019-2020** school year. The DCSAA is a volunteer association.

## School Information

<b>Official Name of School</b>	
School Address	
City ST ZIP Code	
<b>Administrative Head of School</b>	
Principal Phone Number	
Principal Email	
<b>Athletic Director of School</b>	
Athletic Director Phone Number	
Athletic Director Email	

## Signatures of Agreement

Signatures of Principal of School and Athletic Director represent an agreement that the applying school and its officials will:

- (1) abide by the rules and regulations of the DCSAA, and all applicable policies and guidelines, including eligibility and sports standards; and
- (2) inform the public of the rules of the association and its purpose.

\_\_\_\_\_  
(Signature of Principal/Administrative Head of School)

\_\_\_\_\_  
(Signature of Athletic Director)

