Application for Cooperative Team Sponsorship

For criteria under which cooperative teams may be formed, refer to Section 2.030 of the By-laws and Section 26 of the Administrative Procedures, Guidelines and Policies Section in the IHSA Handbook with Illustrations.

1. This application is for cooperative sponsorship of a team for the school terms of ___________ and ___________. (e.g. 2021-22 & 2022-23)

   (Specify Gender of Team) ________________________ (Sport/Activity) ________________________ (Cooperative Team Conference) ________________________

2. This application must include the following:

   • letters from the presidents of ALL conferences of which each school in this cooperative are members for ANY sport/activity, certifying that this cooperative team has been approved by the conferences
   • a letter from the president of the conference of which this cooperative team will be a member during the co-op, certifying that this cooperative team has been approved for participation in the conference. If this cooperative team will not participate in a conference, attach letters approving the cooperative team from seven (7) schools on its upcoming schedule.
   • a signed copy of the intergovernmental agreement of this cooperative team, formally adopted by the boards of education of the participating schools for the school terms listed above, detailing your agreement in respect to insurance, coaching personnel and compensation, liability, facilities, equipment, etc. It must indicate that procedures are established for checking on student eligibility and complying with all IHSA By-Laws. Local policies which will be implemented in respect to training rules, academic standards, etc., must be agreed upon. (Copy of the intergovernmental agreement must accompany each request.)

3. NAME OF SCHOOLS     CITY

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   ALL CONFERENCE AFFILIATIONS OF EACH SCHOOL IN COOPERATIVE ENROLLMENT

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. The following rationale underlies our desire for cooperative team sponsorship:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. The number of students participating in this sport/activity at each cooperating school, and the number expected to participate in this sport/activity under the cooperative agreement is:

   SCHOOL
   ________________________
   ________________________
   ________________________
   ________________________

   NO. OF STUDENTS WHO PARTICIPATED IN PREVIOUS YEAR
   ________________________
   ________________________
   ________________________
   ________________________

   NO. OF STUDENTS EXPECTED TO PARTICIPATE CO-OP
   ________________________
   ________________________
   ________________________
   ________________________

6. Host school: ________________________ Contact person: ________________________

   Team school name: ________________________ Team nickname: ________________________

   Practices to be held at: ________________________ Home contests to be held at: ________________________

7. The following signatures certify that formation of this cooperative team will not reduce participation opportunities for students in any of the cooperating schools and has been approved by formal vote of the boards of education and administrations of all schools in the cooperative.

   SCHOOLS ________________________ BOARD PRESIDENTS’ SIGNATURES ________________________ PRINCIPALS’ SIGNATURES ________________________

   ________________________
   ________________________
   ________________________

   Official IHSA Action

   The above application for cooperative team sponsorship IS IS NOT granted for the ___________ - ___________ school terms.

   (Date) ________________________ Authorized IHSA Administrator