

Wisconsin Interscholastic Athletic Association

Email: Dorothy Sankey dsankey@wiaawi.org

APPLICATION NEW FOOTBALL COOPERATIVE TEAM

Deadline - December 1, 2020

The next opportunity for a new co-op will be 12/1/22 for the 2024 & 2025 seasons.

We are applying for a new FOOTBALL cooperative agreement for the seasons of 2022 and 2023.

(check one) _____ 11 Player _____ 8 Player

Section 11 of Article VI - The Board of Control has authority to approve cooperative team sponsorship (one team in a given sport involving two or more member schools) under the following conditions:

1. The schools involved must be in the same geographical area.
2. The agreement for a cooperative team must specify two school years, but that agreement may be terminated by the Board of Control for documented extenuating circumstances.
3. Applications for initial or renewal approval of a cooperative team, must include a completed and signed cooperative team request form, reflecting:
 - a. Approval of involved schools.
 - b. Approval of involved board(s) of education or governing bodies.
 - c. Approval of conference in which the cooperative team will participate.
 - d. The program will adhere to a 'no-cut' policy.Note: Board of Control and conference approval is not required for non-varsity cooperative teams.
4. Total enrollment of schools involved in a cooperative team will determine classification of competition in WIAA tournament series.

1. Contact School (WIAA contact, where materials are sent, etc.) _____

LIST ALL SCHOOLS INVOLVED IN CO-OP

_____	_____
_____	_____
_____	_____

2. By our signatures we agree we have, as a school administration and school board, reviewed and discussed the items indicated on this form. We further confirm that our school district will provide the same level of institutional oversight to this program as to other sports sponsored by our district. In addition, we acknowledge that any monetary funds provided to us by outside sources will be handled according to district policies. Parent support groups, etc., shall not be involved in paying program expenses directly.

List Schools in Co-op	Signature of Board of Education or Governing Body President	Signature of District Administrator
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Conference	Signature of Authorized Person Indicating Conference Approval	Conference Position
_____	_____	_____

YES NO Please check if your school will be applying for FOOTBALL ONLY Conference Realignment.

NOTE: If at any time your co-op is discontinued or not renewed, BOTH (ALL) SCHOOLS MUST RE-APPLY FOR TOURNAMENT ELIGIBILITY for the following season by the appropriate deadline.

<https://www.wiaawi.org/Portals/0/PDF/Forms/Tournament%20Series%20Football%20Only%20Application.pdf>

3. Our request for cooperative sponsorship is based on the following reasons:

4. The number of students participating at each school involved in this sport has been and is projected as follows:

SCHOOLS IN CO-OP	2-YEARS AGO 2018-19	LAST YEAR 2019-20	THIS YEAR 2020-21	NEXT YEAR 2021-22
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. We have reviewed and considered the following items: (indicate yes or no)

SCHOOL _____	SCHOOL _____
_____ Development of lead-up programs	_____ Development of lead-up programs
_____ Attempt to create interest in our own program	_____ Attempt to create interest in our own program
_____ Attempt to solve existing problems in our own program	_____ Attempt to solve existing problems in our own program
_____ We have agreed to application of academic code in the co-op	_____ We have agreed to application of academic code in the co-op
_____ We have agreed to application of athletic code in the co-op	_____ We have agreed to application of athletic code in the co-op
_____ Realization that incoming athletes may displace some of our school's youngsters from starting positions	_____ Realization that incoming athletes may displace some of our school's youngsters from starting positions
_____ Liability insurance coverage	_____ Liability insurance coverage
_____ Coaching salaries	_____ Coaching salaries
_____ Contest expenses	_____ Contest expenses
_____ Uniform expenses	_____ Uniform expenses
_____ Transportation expenses	_____ Transportation expenses
_____ Emergency medical treatment	_____ Emergency medical treatment

7. The school districts involved in this cooperative program are sharing costs as follows: _____

Date submitted to WIAA _____

You may check the Board of Control action status December 7, 2020
 Login to [wiaawi.org](https://www.wiaawi.org) – schools/manage your school/school name/teams/season (2022-23)/click co-op app

OFFICIAL ACTION OF WIAA BOARD OF CONTROL

The above request for cooperative team sponsorship is hereby granted, and must continue, for the school years indicated above. Application must be made again in the event any or all schools are interested in continuing agreement beyond the school year(s) indicated.

 David J. Anderson, WIAA Executive Director