

ATHLETIC CHARTER



Date: _____

Name of the Team: _____

Name of Coach: _____ Coaches E-Mail _____

Name of Team Captain: _____

Captains E-Mail _____

Purpose of Athletic Trust Account:

a. Funds will be raised by

b. Funds will be used for

Membership

a. Members must be a student body member of Eastlake High School.

b. Members must meet the following GPA and attendance requirements to qualify for membership (if applicable).

Signature of Coach

(For ASB Use Only)

In accordance with the authority vested in the Student Council/Senate by the Constitution of the Associated Student Body of Eastlake High School, this charter is hereby:

___ Approved

___ Disapproved

Explanation, _____

ASB Vice-President / Date

ASB Dean / Date

School Principal / Date

ATHELTIC TRUST REGISTRATION PACKET
EASTLAKE HIGH ASB

Coaches: Please complete as soon as possible

ALL Athletic Coaches,

2016-2017

Thank you for taking the time to coach a sport(s) at Eastlake High School. We appreciate your hard work and dedication to our students.

It is necessary that all sports register EVERY year though the ASB office.

This athletic packet is designed to help you submit all the appropriate paperwork so you may begin team activities and fundraisers for the school year.

***PLEASE NOTE that the coach's signature that appears in this packet MUST BE THE SAME signature on all deposits, fundraisers, check requests, and other official documents turned into ASB.

Jason Wilder
ASB Vice President

David Lopez
ASB Assistant Principal

Sandra Anglin
ASB Financial Technician

1. Please *complete and return* the following form(s) to the ASB:
 - **ATHLETIC CHARTER (2 pages)**
 - **MEMBERSHIP ROSTER**
 - **ATHLETIC TRUST STATISTICS FORM**
 - **HAZING FORM**
 - **ATHLETIC ADVISOR/ COACH CONTRACT**

It is ESSENTIAL that all forms are completed THOROUGHLY before being returned. An athletic charter must be completed before conducting any fundraisers or activities.

PLEASE READ CAREFULLY and keep the information provided in your files. You may refer to it when needed.

To ensure efficient communication between the ASB and your team, please provide a valid email address at which you may be reached:

EASTLAKE HIGH SCHOOL ATHLETIC CHARTER

I, _____, request that _____
(Name of Coach) (Athletic Trust)

be considered for school affiliation. I understand that the following legal requirements and school regulations are now being observed and will continue to be observed in the future:

1. All school-affiliated athletic trusts shall have open membership.
2. A coach will be in attendance at all athletic functions.
3. The primary objectives of school affiliated athletic trusts are either educational objectives or service to the school. Athletic trusts whose major purpose is social will not be recognized.
4. Athletic recognition is on a year-to-year basis.
5. No initiations of any kind are permissible under the state law.
6. All school-affiliated athletic trusts must have a roster on file with the ASB Office.

This charter is held subject to all rules and regulations for student organizations and conditions stated in the application for a charter. Violation of any of these provisions will be sufficient cause for the charter to be revoked.

Signature of Coach

Date

Print name of Coach

Signature of Student Representative

Date

Print name of Student Representative



Membership Roster for _____

Name of Sport

- | | |
|-----------|-----------|
| 1. _____ | 26. _____ |
| 2. _____ | 27. _____ |
| 3. _____ | 28. _____ |
| 4. _____ | 29. _____ |
| 5. _____ | 30. _____ |
| 6. _____ | 31. _____ |
| 7. _____ | 32. _____ |
| 8. _____ | 33. _____ |
| 9. _____ | 34. _____ |
| 10. _____ | 35. _____ |
| 11. _____ | 36. _____ |
| 12. _____ | 37. _____ |
| 13. _____ | 38. _____ |
| 14. _____ | 39. _____ |
| 15. _____ | 40. _____ |
| 16. _____ | 41. _____ |
| 17. _____ | 42. _____ |
| 18. _____ | 43. _____ |
| 19. _____ | 44. _____ |
| 20. _____ | 45. _____ |
| 21. _____ | 46. _____ |
| 22. _____ | 47. _____ |
| 23. _____ | 48. _____ |
| 24. _____ | 49. _____ |
| 25. _____ | 50. _____ |

Athletic Trust Statistics Form

Athletic Advisor/Coach: Please Complete the Following Information

Sport: _____

Coach: _____

Total Number of Members: _____

Number of Females: _____

Number of Males: _____

Percentage (%) of Females: _____

Percentage (%) of Males: _____

The above information is required by the school district each year for a Gender Equity Audit. Thank you for including this in your registration packet.