

# Cooperative Agreement Form

This Cooperative Agreement allows a student to participate on a team that is already participating in the State High School Clay Target League if the student's school district does not have a high school clay target team. This form MUST:

1. Be signed by both school's Athletic/Activities Directors, AND
2. Be completed before the student athlete registration deadline, AND
3. Use one form for each cooperative participating student athlete, AND
4. Be in possession of the Head Coach during the season(s), AND
5. Be renewed annually if the student athlete continues to participate on a team.

It is strongly encouraged that the student makes a concerted effort to start a team at his/her own high school before participating on another school's team.

If the student's high school begins a clay target team, the student must participate on their high school's new team. The student cannot participate on the cooperative team that they participated with previously.

Unless a student has transferred and enrolled at a different high school, a student athlete that is registered with a high school clay target team CANNOT participate on a different high school clay target team.

A Cooperative Agreement is not required if the two high schools already have cooperative participation for other sports and/or activities.

Student Athlete's Name: \_\_\_\_\_

On behalf of the following schools, we hereby agree to cooperative participation for the above student athlete in the State High School Clay Target League:

## STUDENT'S CURRENT SCHOOL

School Name: \_\_\_\_\_ School District #: \_\_\_\_\_

Athletic/Activities Director Name: \_\_\_\_\_

Athletic/Activities Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have cooperative agreements in other sports or clubs? Yes No (circle one) \_\_\_\_\_

If "Yes", please list sports or clubs here: \_\_\_\_\_

## LEAGUE PARTICIPATING SCHOOL

School Name: \_\_\_\_\_ School District #: \_\_\_\_\_

Athletic/Activities Director Name: \_\_\_\_\_

Athletic/Activities Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have cooperative agreements in other sports or clubs? Yes No (circle one) \_\_\_\_\_

If "Yes", please list sports or clubs here: \_\_\_\_\_

## TEAM HEAD COACH INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DEADLINE

This Cooperative Agreement must be completed before the athlete registration deadline.