



USA LACROSSE
Wisconsin

Wisconsin Lacrosse Federation

Email Completed Application to: Becky Unterriker becky.unterriker@wisconsinlacrosse.com

APPLICATION – NEW 2021/2022 COOPERATIVE TEAM SPONSORSHIP

The WLF Board of Directors has authority to approve cooperative team sponsorship (one team involving two or more participating 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 Directors 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 school teams.
 - b. Approval of involved school administration.
 - c. Approval of conference in which the cooperative team will participate.
 - d. The program will adhere to a 'no-cut' policy.

Note: WLF and conference approval is not required for non-varsity cooperative teams.

4. Requests for approval and to add a cooperative team into WLF tournament competition must be received by January 1, 2022 to be included in the 2021-2022 tournament program.

We are applying for a new cooperative agreement in for the school years of 2021-2022 & 2022-2023.

_____ boys _____ girls

Contact School: _____

List all schools involved in the co-op:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By our signatures we agree we have, as a team and school administration, 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.

School Name	Signature of School Administrator	Signature of Team Representative
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Conference	Signature of Conference Representative	Title of Conference Representative
_____	_____	_____
_____	_____	_____

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

The number of students participating at each school involved has been and is projected as follows:

Schools in Co-Op	2019-2020	2020-2021	2021-2022	2022-2023
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

School _____

- _____ Development of feeder program
- _____ Attempt to create interest 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 athletic code in the co-op
- _____ Realization that incoming athletes may displace some of our school's athletes from varsity or starting positions
- _____ Liability insurance coverage
- _____ Coaching salaries
- _____ Contest expenses
- _____ Uniform expenses
- _____ Transportation expenses
- _____ Emergency medical treatment

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

In addition to the schools included in the cooperative, the cooperative will allow students from surrounding school districts with no lacrosse program to participate, provided that the cooperative is the closest team.

_____ yes _____ no

Date submitted to WLF _____

OFFICIAL ACTION OF WLF BOARD OF DIRECTORS

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.

WLF President