



Sports Group Affiliate Application

Due by April 1

SPORTS ORGANIZATION INFORMATION

Name of Organization:		
Sport/Activity:	Requested Year:	Youth Adult Both (Circle One)
Representative Name:	Cell Phone:	Office:
Business Address:		
City:	State:	Zip Code:
Email:	Fax:	Year Established:
IRS Tax ID #	Web Site url:	

LEAGUE INFORMATION

Organization's Mission Statement:	
Affiliate Justification:	
Insurance Policy # and Expiration Date (Attach certification Copy):	Total Number of Participants in Program: Ages: _____ Boys: _____ Girls: _____ Men: _____ Women: _____

SUPPLEMENTAL CHECK LIST

List of Board of Directors __	By-Laws __	Articles of Incorporation or Proof of 501c3 Status __	Current Financial Report __
List of Administrators and Coaches Information __	Financial Assistance Policy __	Certificate of Insurance __	Proof of 80% City residents registered __
Athletic Field & Outdoor Court Request Form Submitted for Each Season __	Sportsmanship Code of Conduct Policy __	Concussion and Bodily Injury Policy __	Statement of Affiliate's policy, objectives, and principles (Agreement Section C-II, 11 A-E) __
List of Yearly Meeting Dates __	Copy of Most Recent Meeting Minutes __	List of Program/Camps/Clinic Dates Per Season __	Certification of Background Checks for Administrators, Coaches & Others __
"No Cut" Policy __	Projected Practice Schedule __	Projected Game Schedule __	Other __

SIGNATURES

I authorize the verification of the information provided on this form and have provided the required supplemental documentation to assist with the verification.			
Signature of Applicant:			Date:
Approved: ____	Denied: ____	Reason for Denial:	
RPCA Staff Liaison:			Date: