



School District 8 – Athletic Partner /Community Athletic Club Application

Please complete the information below in conjunction with the FFCHS head coach who referred to your organization for designation and then submit the signed form to Jarrett Sweckard, District/High School Athletic & Activities Director. The organization's certificate of liability insurance must be submitted to the district's accounting office.

Name of Organization _____

Name of Team _____ Boys ☐ Girls ☐ Grade Level _____

Type of Sport _____ Contact Person _____

Phone _____ Email _____

The Team:

- | | |
|--|--|
| ☐ Is aligned to FFCHS program | ☐ Yes ☐ No |
| ☐ Has at least 70% of students attending District 8 | ☐ Yes ☐ No |
| ☐ Does not charge a program fee | ☐ Yes ☐ No |
| ☐ Carries the minimum insurance coverage required | ☐ Yes ☐ No |

I, _____ [printed name], as Team Coach, have read and understand the terms of this application and would like to be considered for Athletic Partnership or Athletic Community Club status.

Team Coach Signature _____ Date _____

FFCHS Sponsor/ Coach Name _____

FFCHS Sponsor/Coach Signature _____

District 8 Athletic Director's Signature _____

Status: Athletic Partner ☐ Community Athletic Club ☐ Denied ☐ Date _____

Tandem Group _____

*Submit completed form and insurance paperwork to Jarrett Sweckard, District/High School Athletic & Activities Director
(jsweckard@ffc8.org)
at least two weeks prior to entering facility rental requests into the Tandem Calendar system.*