

I, as duly authorized by the Board of Education or Governing Body of the above named school, request membership in the Wisconsin Interscholastic Athletic Association for 2024-25. **I understand and agree that as a condition of membership, the above named school adopts the rules of this Association and will conduct its athletic program in accordance with the Constitution, Bylaws, Rules of Eligibility and Sports Regulations (boys and girls) as well as the interpretations and decisions of the WIAA Board of Control.**

It is further agreed that the administrators and coaches of the above named school have Board of Education or Governing Body approval if called upon to serve the WIAA in an elected or appointed position.

Note 1: A school that voluntarily terminates membership in the Association shall be denied readmission for a period of four (4) school years.

Note 2: A member school is required to maintain administrative control and oversight of at least one independently sponsored interscholastic athletic program or co-op program throughout the duration of its membership.

Note 3: The WIAA membership-sponsored tournaments are the collective property of the Association and not of any individual member. The Association reserves the right to promote and advance the membership's interests with publication information; exclusive arrangements to create recognition and exposure for school-sponsored activities; restrictive policies prohibiting exploitation and commercialization of membership-sponsored tournaments; appropriate proprietary interests; and the use of images or transmissions identifying students, administrative personnel and member school marks.

Board of Education, Governing Body President, or Authorized Administrator*

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Signature

Name*

First Name

Last Name

Email*

example@example.com

Sign and submit this Membership Application no later than August 1, 2024.

Continue