



2016-17 WHSAA Affiliate Virtual School Membership Form

Which Virtual School are you attending? _____

Parent(s) Name(s) _____

Mailing Address _____ City _____ Zip _____

Phone Number _____

Affiliate Membership Fees per family (for students in grades 9 – 12): \$100.00

Catastrophic Insurance Fees \$7.00 x # of students (for grades 5-12) **REQUIRED****** _____

Total _____

Name of Student(s)	Birthdate	Grade	Date Started in Ninth Grade

With the payment of these annual Affiliate Membership fees to the WHSAA, the Affiliate Member agrees to subscribe to any and all bylaws, rules and regulations as set forth by the WHSAA.

Each student must have a **physical** and **proof of immunization** on file with the school before they will be allowed to participate.

_____ Physical on File
 _____ Proof of Immunization

Signature

Date

This form is due in the WHSAA office, 6571 East Second Street, Casper, WY 82609, **before the first practice** of the appropriate fall, winter or spring season. Affiliate Membership is for the current school year only.

High School you will be combining with for WHSAA sanctioned activities: _____

(Please check with your local School District to make sure they are willing to enter into a Combination School Agreement **before** sending this application to the WHSAA)

Approved WHSAA Commissioner

Date