

# KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION APPLICATION FOR NEW MEMBERSHIP

KHSAA Form GE02 Rev. 4/09

### PAGE ONE – BACKGROUND INFORMATION AND INFORMATION. UPDATES TO THIS INFORMATION MAY ONLY BE MADE THROUGH THE KHSAA WEB SITE AND IT IS THE SCHOOL OBLIGATION TO KEEP THE INFORMATION CURRENT AND ACCURATE

SCHOOL BACKGROUND INFORMATION	
School Name Valor Traditional Academy	Please indicate t
Mailing Address 11501 Schlatter Rd	team for your fire leave blank, and r
Street Address (if different)	Each person emp
City, Zip - Louisville 40291	entirety. Once all coaches
Main Phone - 502. 239.3345	responsible for ma
Athletic Department Phone - 502. 239.3345	"X" if
Fax Machine Phone - 502. 239.3344	have SPORT
SUPERINTENDENT INFORMATION	team
Name -	Baseba
School System -	Basketl
Mailing Address -	<u> </u>
City/Zip -	Basketl
Email:	Cross C
Business Phone -	<b>V</b>
Fax Phone -	X Cross C
PRINCIPAL INFORMATION	- Footbal
Name JP Fugate	Q-14 (D
Email: spfvyate@valor academy.com	Golf (Bo
Business Phone - 502, 239, 3345	Golf (G
Residence Phone - 502 . 231. 4600 ATHLETIC DIRECTOR INFORMATION	Soccer
Name - Same as above	7
Email:	Soccer
Business Phone -	Softball
Residence Phone -	Swimm
DESIGNATED REPRESENTATIVE INFORMATION	- Swithin
Name - Lindsey Velie	Tennis
Position - Teacher / Coach	Tennis
Email: fyelie /velie valor academy. com	Telinis
OTHER IMPORTANT INFORMATION	Track (E
Counselor Name -	X Track (0
Cheerleading Coach -	Volleyba
Email:	Volleyo
Certified Trainer Name - Deice K Fugate	Wrestlin
Email: If ugate a valuracademy. com	Stadium Name:
Certified Trainer Phone - (-02, 229 334)	Stadium Capacity:
MISCELLANEOUS INFORMATION	J Cladiam Capacity.
School Colors - Silver & Black	Gym. Name:
Boys' Nickname - Knights	Gym Capacity:
Girls' Nickname - Lady Knights	
PRIOR YEAR ENROLLMENT INFORMATION	Members of t 9-12. The current of
9 10 11 12 SpEd Ttl	0-400 studen
220-	401-610 stud
Boys 3 3 0 0	611-899 stud Over 899 stu
Girls 9 / 4 5	

### TEAM AND COACHING INFORMATION

Please indicate the KHSAA sanctioned sports in which you will sponsor a team for your first year of membership. If the coach's name is unknown, leave blank, and notify the KHSAA as soon as the vacancy is filled. Each person employed as a Head Coach must comply with Bylaw 27 in its

Once alt coaches are known, the Principal or Designated Representative is responsible for maintaining accurate information on the KHSAA web site.

ble for maintaining accurate	information on the KHSAA web site.
SPORT	COACH NAME
Baseball	
Basketball (Boys)	
Basketball (Girls)	
Cross Country (Boys)	Lindsey Velie
Cross Country (Girls)	11 / 11
Football	
Golf (Boys)	
Golf (Girls)	
Soccer (Boys)	
Soccer (Girls Fall)	
Softball (Fast Pitch)	,
Swimming	
Tennis (Boys)	
Tennis (Girls)	
Track (Boys)	Lindsey Velie
Track (Girls)	11 /1
Volleyball	
Wrestling	
Name:	
Capacity:	
	SPORT  Baseball  Basketball (Boys)  Basketball (Girls)  Cross Country (Boys)  Cross Country (Girls)  Football  Golf (Boys)  Golf (Girls)  Soccer (Boys)  Soccer (Girls Fall)  Softball (Fast Pitch)  Swimming  Tennis (Boys)  Tennis (Girls)  Track (Boys)  Track (Girls)  Volleyball  Wrestling  Name:

	Gym. Name:	4
Gym Capacity:	Gym Capacity:	

### DUES STRUCTURE FOR MEMBERSHIP

Members of the KHSAA pay a fee based on enrollment totals in grades 9-12. The current dues structure is as follows -

0-400 students - \$800 per year 401-610 students - \$1,000 per year 611-899 students - \$1,200 per year Over 899 students - \$1,400 per year



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### PAGE TWO - IMPORTANT NOTIFICATIONS AND CERTIFICATIONS BASIC MEMBERSHIP CRITERIA

Pursuant to 702 KAR 7:065, Section 1, the KHSAA has been designated as the Kentucky Board of Education's agent to manage interscholastic athletics at the high school level in the common schools, including a private school desiring to associate with the KHSAA and compete with a common school. Any school desiring to associate with the KHSAA shall complete, sign and submit this application to the KHSAA together with the applicable dues, which shall be considered by the KHSAA Board of Control. The following are the basic criteria for membership in the KHSAA:

1. The school shall have the 12th grade as the terminating grade, and not enroll students in only grades K-5;

2. The school shall be registered with the Kentucky Department of Education, and have been issued identifying codes and classifications within the policies of that agency;

- The school shall be accredited by the Kentucky Department of Education if such accreditation is provided; otherwise, the school shall fit into one of the following categories
  as defined by the Kentucky Department of Education A1 (District operated general or multi-program school), D1 (State Department of Education operated school), F1
  (Federal Dependent school), J1 Roman Catholic School, M1 Other religious school or R1 Private, non church school;
- The school shall agree, through this application and other monitoring methods, to adhere to and abide by the KHSAA Constitution, Bylaws, Tournament Rules and all other policies and directives of the KHSAA Commissioner or Board of Control;
- 5. A new school formed by the local board of education from existing KHSAA member schools shall be immediately eligible for championship participation upon acceptance of the application for new membership; whereas, any other school applying for new membership shall be ineligible for championship play during a two-year probationary period from the date of acceptance of the application; and
- 6. The school shall pay the membership dues and any and all assessed fines by the imposed deadline.

#### REASONS TO DENY OR REVOKE MEMBERSHIP

The following is a list of reasons that the KHSAA Board of Control may either deny an application for or revoke membership in the KHSAA:

- 1. Failure to satisfy any of the Basic Membership Criteria enumerated above;
- Failure to adhere to and abide by any of the Agreements enumerated below; or
- A documented pattern of continual violations and a general lack of institutional control as defined in KHSAA Bylaw 33.

### **ACKNOWLEDGEMENTS**

By signing this application on behalf of this school, I acknowledge that the local Board of Education or Site Based Decision Making Body has given the undersigned Principal authorization to apply for renewal of membership in the Kentucky High School Athletic Association ("KHSAA")

I further acknowledge that this school is a voluntary member of the KHSAA and is in compliance with all KHSAA Bylaws.

I further acknowledge that I have read, understood and agree to abide by the KHSAA Constitution, Bylaws, Tournament Rules and Due Process Procedure as now enacted or later amended.

I further acknowledge that this school will abide by any and all of the rulings of the Commissioner, Assistant Commissioners, Hearing Officer and Board of Control.

I further acknowledge that this school will self-report all violations of any KHSAA Bylaw, rule or regulation, and any ruling by the KHSAA and its Commissioner, Assistant Commissioners, Hearing Officer and Board of Control.

I further acknowledge that the KHSAA may impose penalties as detailed in Bylaw 33 against this school for violation of the KHSAA Constitution, Bylaws, Tournament Rules, Due Process Procedure or all other policies and directives of the KHSAA Commissioner or Board of Control, and agree to timely adhere to and abide by any and all penalties assessed against this school under Bylaw 33 or any other Bylaw, rule, regulation or policy.

I further acknowledge that this school will comply with the principles of institutional control as defined by KHSAA Bylaw 33 and the KHSAA's interpretations thereof.

I further acknowledge that the KHSAA may toll a period of ineligibility after the anticipated expiration date in an amount of time equal to the time the student-athlete participated while ineligible.

I further acknowledge that this school will comply in a timely manner with any and all requests by the KHSAA and its officials for information and reports.

I further acknowledge that all records of the school, both financial and otherwise, are open and available for inspection by the KHSAA and its officials.

I further acknowledge that this school has distributed KHSAA Form GE04 in its entirety, including the applicable student eligibility rules and the Physician consent and Parental permission forms to each prospective student-athlete, and that this school properly maintains on file the written permission of the parents of each student-athlete and the required physical examination form until the student graduates from the school

I further acknowledge that this school has ensured that each student-athlete has insurance coverage up to the KHSAA Catastrophic deductible prior to allowing them to practice or play.

I further acknowledge that this school has maintained compliance with KHSAA Bylaw 25 as it relates to the loss of school time for regular season athletic contests, and does not schedule regular season contests that directly conflict with the academic school day.

I further acknowledge that the Limitation of Seasons in ar	is school has properly m y KHSAA sport, and will:	nonitored the playing of scrimm self-report any violations of the	räge and regular season se limitations.	contests, and has not	violated the provisions contail	ned in Bylaw 25,
		at this school will perform its we		ck one):		
☐ Monday of each week for the su opportunity to check gr	☐ Tuesday bsequent seven day peri ades.	☐ Wednesday od, and will ensure that student	☐ Thursday s ineligible on that date ar	EX Friday e not allowed to particip	pate in practice or play until the	e next
athletes performed by the property of the pro	e following agency (check Assessment (Lincoln, NE indent Review (Rosemou eds Assessment (Heman ervice (Lakewood, OH) Service for Financiat Aid vices (St. Paul, MN) of award financiat aid)	E) Int, MN) Ido, MS) (Princeton, NJ)		nd that this school has	the financiat aid need analysi	s for its student-
In Witness Whereof, the	undersigned has caused	this application to be submitted	on behalf of this school.			
UP Fugate		1 Fort	3	1/13/1/	2011	
Principal Mame		Principal Signature		Date	Desired School Year of 1st	Membership

VALOR TRADITIONAL ACADEMY
IISSI SCHLATTER RD.
LOUISVILLE, KY 40291
(502) 239-3345

PAY
TO THE
ORDER
OF:

KHSAA

membership

II\*\*005763\*\*\* \*\*\*:0830013241: 534.745031\*\*

TO THE ORDER
OF:

STATE

AMOUNT

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