

**Wisconsin Interscholastic Athletic Association**

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## SENIOR HIGH MEMBERSHIP RENEWAL

### Grades 9-12

2025-26 School Year

**Member School \***

Please Select



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 2025-26. **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.

☐ By checking this box and submitting our 2025-26 Senior High Membership Renewal form, you agree that you and your school administration have read, in its entirety, the [WIAA Senior High Handbook](#). You are verifying that you, your staff, and student athletes are abiding by all WIAA rules and regulations as outlined in the WIAA Constitution and Bylaws. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this document. \*

☐ By checking this box and submitting our 2025-26 Senior High Membership Renewal form, I am acknowledging that I am responsible for ensuring that our School Directory is accurate and updated with any/all changes. I have also verified that our administration and coach contact information is updated in the online [WIAA School Directory](#). By ensuring that these are accurate, important information from WIAA staff will reach the necessary people. \*

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

Sign Here



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Clear

Signature

**Name \***

First Name

Last Name

**Email \***

example@example.com

**Sign and submit this Membership Application no later than August 1, 2025.**

**Continue**