## Handsworth Athletics New Team Checklist

All of the items listed below must be satisfied (YES checked) in order for the process to introduce a new team to proceed.

Proposed Team: Person(s) submitting:	Email: Phone:	
Has the application been made at lea identified season		SS YES NO
Is the <mark>re currently</mark> a league in whic	<mark>h the team</mark> can pa <mark>rticipate</mark> ?	YES NO
Has the r <mark>equisite field</mark> / gym space n been approved by the a		YES NO
Is there a coach or coaches identified the team for a minim		to YES NO
Is there a teacher sponsor identified the team for a minim		o YES NO
Has the coach been approved by th vetted as a school		YES NO
Are ther <mark>e provisions</mark> made for this ac	tivity through all grade leve	els? YES NO
Has con <mark>sideration been made of the</mark>	<mark>effects on</mark> existing program	ns? YES NO
Does the proposed sport sustain the which currently		YES NO
Date Submitted:	AD Sig:	
Date Reviewed:	Admin Sig:	10112-1110-1112 1-11110-11-12-1011-12-1011-12-10-12-10-12-10-12-10-12-10-12-10-12-10-12-10-12-10-12-10-12-10-1
If all the above checklist items are satisfied, a written p start deadline. This proposal may include but may not The grades eligible for play Potential Staffing		nths in advance of the season

Evidence that consideration has been made of the impact the new team will have on existing programs

A budget plan including the cost of a new equipment required to start a new team