## **Sports Broadcasting Club Application**

All applications must be filled out and turned in by Friday September 5th to be considered for a spot in the club.

Name:
Grade:
Homeroom Teacher:
In a short paragraph describe yourself? (Interest, Favorite Sports, Work Ethic)
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thletes All students are welcome
What do you hope to gain or learn from being a part of this club?
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questions, if you have no questions and affere, your colde or spry please sign
Circle Yes or No for the following questions:
Have you ever used Audio and Visual equipment before? (Podcast equipment,
Microphones, Podcast apps, editing software, cameras) Yes No
Do you currently play or plan to play any school sports? Yes No
Will you be able to have a ride to and from club events after school?(Will there
be someone to take you to and pick you up from the home games we

broadcast?) Yes No

## In the Section Below you will need your teachers signature to complete:

Teachers, if you think this student is capable and deserves to be a part of this club and endorse that decision please sign next to your subject and write their grade in your class next to it. Thank You!!

Science:	Grade:
Social Studies:	Grade:
Math:	
ELA:	
Exploratory:	Grade:
Parent Section:	
Parents we ask that you please look	c over this application and make sure you are
ok with allowing your child to part	icipate in this club. If you have any questions
about the club you wish to ask bef	ore allowing your child to apply please email
Coach Thomas at ethomas@long	countyschools.org and he will answer your
questions. If you have no questio	ns and allow your child to apply please sign
the lipidate? Thoughast equipment,	h them. Thank You!!
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Parent Signature:	
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Student Signature:	organicasi, the My
Date:	