



Joint Team Application

Please scan this form and email it to info@peisaa.ca.	DATE:	
As per Article III, Section 6 - Joint School Teams, school ponsor a joint team.	ols are permitted to make an applicatio	on to the PEISAA to
Member schools who join together and are approved competition in a PEISAA activity (league play, playoffs		ligible to compete in all
Feam Information Note: if schools are joining for more than one sport, a han 2 schools involved, an application for each schoo		
Sport:		
Male/Female: Level (A, A	A or AAA & Int/Sr):	
School Information Host School (School making the application) School name:	_	
oining School (School(s) wishing to join the host)	-	
School name:		
Please provide the names and birthdates of the stude	_	school
Student name (first, last)	Student date of birth (year, month, day)	Student Grade
Student name (first, last)	Student date of birth (year, month, day)	Student Grade
Student name (first, last)		Student Grade
Student name (first, last)		Student Grade
Student name (first, last)		Student Grade
Student name (first, last)		Student Grade
Student name (first, last)		Student Grade
Student name (first, last)		Student Grade
	month, day)	
	month, day)	
Student name (first, last) Explain the reason for requiring a joint team (please so	month, day)	
	month, day)	

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Form Update: July 2018



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We certify that we have obtained all necessary permissions from all school(s), and other involved bodies. We understand any implications that may exist regarding supervision and insurance.

Hosting School:	
Athletic Director name:	Athletic Director signature:
Principal name:	Principal signature:
Joining School:	
Athletic Director name:	Athletic Director signature:
Principal name:	Principal signature:
PEISAA: The PEISAA approves of the joint team application between t	the schools indicated on this form.
PEISAA School Sport Coordinator	
Signature	

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