

REQUEST FOR WAIVER

Age Requirement and/or Four Year Limitation for Students with Disabilities

SECTION 1: TO BE COMPLETED BY THE Director of Physical Education/Athletic

STUDENT INFORMATION:

Student's name: _____

Date of birth _____ Grade level _____ Age _____

IEP disability classification: _____

Requesting a waiver for the following approved sport(s) and high school year(s) participated:

(NOTE: athlete may only participate in a non-scoring position on the team)

_____	Swimming and Diving:	_____	_____	_____	_____
_____	Track and Field:	_____	_____	_____	_____
_____	Gymnastics:	_____	_____	_____	_____
_____	Cross Country:	_____	_____	_____	_____
_____	Bowling: Golf:	_____	_____	_____	_____
_____	Golf:	_____	_____	_____	_____
_____	Skiing:	_____	_____	_____	_____
_____	Rifle:	_____	_____	_____	_____
_____	Archery:	_____	_____	_____	_____

SECTION II: TO BE COMPLETED BY THE SCHOOL MEDICAL OFFICER

PHYSICAL EVALUATION:

- Yes No Physical assessment completed by the school medical officer.
- Yes No Assessment included the student's physical development and maturity.
- Yes No Competition will/will not present a safety or health concern for this student

I have examined the above student and verify the criteria listed above.

School Physician Name: _____ Date: _____

School Physician's Signature: _____

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SECTION III: TO BE COMPLETED BY THE ATHLETE'S PARENT/LEGAL GUARDIAN

The signature of the parent indicates their understanding that:

- The student's participation in the additional season of athletic competition shall not be scored for the purposes of such competition;
- Is limited to the non-contact sports of swimming/diving, track/field, gymnastics, cross country, archery, bowling, golf, rifle, and skiing.
- The student's participation under this waiver is limited to one year.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

SECTION IV: TO BE COMPLETED BY THE SUPERINTENDENT OF SCHOOLS

CRITERIA FOR A WAIVER {any item answered in the negative will result in a denial of the waiver):

- Yes No The student has a disability as defined in section 4401 of the Education Law.
- Yes No The student has not graduated from high school as a result of his or her disability delaying his or her education for one year or more.
- Yes No The student is qualified to compete in athletic competition in the sport for which he or she is applying for a waiver.
- Yes No The student has previously participated on the school team for the sport for which he or she is applying for a waiver.
- Yes No The student has not already participated in an additional season of athletic competition.
- Yes No The student's participation in this sport will not adversely affect the opportunity of the other students to participate successfully in such competition.

SUPERINTENDENT'S DETERMINATION:

- Waiver Approved Waiver Denied. Reason for denial:

Superintendents Name: _____ Date: _____

Superintendent's Signature: _____

