



Mark DiFilippo, Executive Director CAA mdifilippo@e1b.org
355 Harlem Road ĺ West Seneca, NY 14224 ĺ Phone: 716-821-7092

Request for Waiver of the Minimum Number of Contests for Participation in Sectionals

**This form with all required medical documentation & *a copy of your teams schedule*.
Submit to mdifilippo@e1b.org for approval, prior to student participation in sectional competition.**

School _____ Date _____

Athletic Director _____

Coach _____ Sport _____

Minimum # of contests required for participation in sectional competition _____

Athlete _____

Medical reason for non-participation _____

Start date of non-participation _____ Date of return to participation _____

Number of practices athlete participated in after return to participation _____

Total number of contests the athlete participated in _____

We are requesting Section VI approval of a waiver of the minimum number of contests required for participation in sectional competition for the above mentioned athlete for medical reasons. Attached please find the athlete's personal physician's note indicating:

- The injury/illness
- The date of injury/illness
- The date for return to full participation

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Coach Signature _____ Date _____

Athletic Director Signature _____ Date _____

School Physician (print name) _____ Phone: _____

School Physician Signature _____ Date _____

SECTION VI APPROVAL:

Executive Director Signature _____ Date _____

Section VI Athletic Council - President Signature _____ Date _____

Include copy of team schedule Revised 10/28/21