



SECTION VI
NYS PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
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**Request for Waiver of the
Minimum Number of Contests for Participation in Sectionals**

This form and all required medical documentation must be submitted to the Section Office 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 _____