

# REQUEST FOR WAIVER

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

### SECTION I: TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS

#### 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:	_____	_____	_____	_____
_____ 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: \_\_\_\_\_

GO TO NEXT PAGE

# REQUEST FOR WAIVER

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

### 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 or a waiver.
- 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: \_\_\_\_\_