

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 for 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: _____