

STUDENT ELIGIBILITY WAIVER

NOT TO BE USED FOR TRANSFERS

Who May Request A Waiver

A student (or his/her school) who has been determined to be ineligible to participate in interscholastic competition under one or more of the eligibility rules of Bylaw Article 12 may request a waiver of that rule(s) from the ASAA Executive Director. A waiver may only be granted for reasons of hardship or emergency, as described in Article 13, Section 5; or because such waiver is required by federal or state law.

Filing a Request

A request for a waiver of the eligibility rules must be directed by the student to the involved member school's officially designated administrator who shall then file a written request stating the full particulars of the case and the student's and/or administrator's reason(s) for granting the waiver. This request for waiver must be submitted to the Executive Director. Waiver requests should be filed promptly when it becomes apparent to the student, or to his/her member school's officially designated administrator, that a waiver will be required. Prompt filing of a waiver request is necessary for timely processing of any appeals before commencement of the interscholastic activity for which the waiver is being sought. Those seeking a waiver are responsible for providing timely additional documentation and evidence needed to support the waiver request. Failure to provide such information in a timely manner will eliminate that evidence from consideration in the final decision. The principal of the student's school of eligibility must sign the waiver request form.

Please complete ALL information.

School

Student

Gender

 Male Female

Is confidentiality requested?

 Yes No

Date first enrolled in high school

Credits earned previous semester

GPA earned prev. semester

Date of birth

Grade (9-12)

Sport/activity for which eligibility is sought

Previous seasons/years of participation in activity

Type of waiver request

 Maximum participation Age rule Academic rules Sub-varsity only Specify Other:

Justification for waiver request. Please be specific. Include back up letters.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Scan and email this form to office@asaa.org or fax to 907-561-0720

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Continuation

School

Student

Supporting documentation and positions

Student transcripts are attached

Letter(s) of explanation and support from school personnel, parents, health/social professionals attached

Does the school support this waiver request? Yes No

School principal MUST complete this section

Principal's Name (please print) _____

Principal's Signature: _____ Date: _____

School Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

FOR OFFICE USE ONLY

Executive Director's Decision

Waiver request APPROVED

Waiver request DISAPPROVED

Executive Director's Signature

Comments

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