

# 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](mailto:office@asaa.org)

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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**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
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