

TRANSFER RULE WAIVER

(NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

Eligibility: A student who transfers to another school under conditions that do not meet terms of the ASAA transfer rules, may be fully eligible to participate in interscholastic competition, provided the Executive Director approves the athletic eligibility, and further provided there is no athletic purpose involved in the transfer. This can only be done for "hardship" reasons (See Article 13).

The student shall be ineligible for all interscholastic competition for one calendar year for varsity level participation from the date of first attendance in the new school, in the event that the Executive Director declines to approve the eligibility. Students who live with coaches are ineligible (see Article 12 Section 5, C). At schools with no sub-varsity teams, the student could ask for a waiver to participate on the varsity team during the regular season, but would not be able to participate at either the conference or state tournaments.

The above rule applies to all transfers to member schools. This form is to be used ONLY to apply for eligibility as restricted by the Transfer Rule. An administrator from both the receiving and sending schools, as well as the parent(s) or legal guardian(s) and the student must certify that the transfer was not for athletic reasons. The student will become eligible when final approval is granted by ASAA. A student may represent only one member school during a respective sport season. See Article 12, Section 9, C 17.

Filing the Waiver Request: It shall be the responsibility of the principal of the receiving school to:

- 1) Initiate and complete sections A and B;
- 2) Secure necessary responses and signatures required in Sections A.
- 3) Submit the completed form to ASAA. ASAA will send to the sending school for their review.

SECTION A: TO BE COMPLETED BY PRINCIPAL OF THE RECEIVING SCHOOL

Name of Student _____ Name of Receiving School _____ Date Enrolled _____

Name of Sending School _____ Date of Withdrawal _____

Gender _____ Date of Birth _____ Age _____ Grade Level at time of transfer _____

Confidentiality Requested? Yes No

Date First Enrolled in 9th Grade _____

List all sports and activities in which the student is seeking to participate.

If the sport is a team sport, list the number of students on the team, not including this student.

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org

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(ANSWER BOTH QUESTIONS) If the student joins a team, will he/she be an impact player?
Will another student be displaced if this student joins the team?

Has a coach or any other member of the school's staff encouraged the student to transfer to your school? If yes, please explain.

REASON FOR THE TRANSFER - A waiver of the Transfer Rule may only be granted if a significant hardship caused the transfer. Hardship and other considerations are spelled out in ASAA Bylaw Article 13, Waiver of Eligibility Rules.

Please complete the information requested on this page and provide written documentation to support the request.

State the reasons for the transfer, including any conditions which you consider to be hardships.

List the written documentation supporting this request (letters, statements, court orders, etc.).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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CERTIFICATION OF PRINCIPAL OF THE RECEIVING SCHOOL

The information is correct, to the best of my knowledge. Please check the correct answer to the following statements.

I do or do not believe that undue influence was used by a coach or any member of the school staff to encourage this transfer.

I do or do not believe that the transfer was athletically motivated.

I do or do not believe that this request meets ASAA's hardship criteria.

After considering all the information presented in this request, I do or do not support the granting of this waiver. Please state reason(s):

Signature:

Date:

Phone:

Fax:

Email:

Please send this form and a copy of all written documentation to ASAA. ASAA will submit all documents to the sending school for review.

TO BE COMPLETED BY THE STUDENT AND HIS/HER PARENT OR GUARDIAN.

Certification of Application: This is to certify that the student named herein has effected the transfer of schools as indicated, that the transfer was not for athletic reasons, and that no person has used undue influence in an attempt to secure this student's enrollment for purposes of interscholastic competition. We further certify that all information herein contained is correct and understand that ineligibility may result if the information proves to be incorrect through error in statement.

Parent or Guardian Name (please print)

Parent or Guardian Signature

Date

Student Name (please print)

Student Signature

Date

FOR OFFICE USE ONLY

Date Received

Date forwarded to Sending School

Number of Documents Sent To Sending School _____

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SECTION B: TO BE COMPLETED BY PRINCIPAL OF THE SENDING SCHOOL

Name of Student _____ Date of Withdrawal _____

Please indicate the name of school _____

List all sports for which the student was a member of that athletic team (at any level) during the school year of the transfer.
(This includes any level of team: freshman, junior varsity, varsity, etc.)

Did the student complete the season? Yes No

If the student did not compete in any of the above sports, initial here: _____
Additional comments may be made on page 5.

1. Was the student eligible to participate in your school's interscholastic program at the time of transfer? Yes No

2. Did the student practice with or play on any athletic team(s) during the school year of the transfer? Yes No
If yes, state which teams and whether student completed the season

3. Prior to transferring, did the student discuss the possibility with any of the school's staff members? Yes No
If yes, state reason on page under Additional Comments.

If yes, did the staff member explain the Transfer Rule and the possible implications of transferring? Yes No

4. Have you received the completed Transfer Form and all written documents in support of this waiver request from the Receiving School and ASAA? Yes No

5. Have you discussed this request with the principal at the Receiving School? Yes No

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Additional Comments: _____

CERTIFICATION OF PRINCIPAL OF THE SENDING SCHOOL
The information is correct, to the best of my knowledge. Please check the correct answer to the following statements.

I do or do not have reason to believe that undue influence was used by a coach or any member of the receiving school's staff to encourage this transfer.

I do or do not believe that this request meets ASAA's hardship criteria.

I do or do not believe that the transfer was athletically motivated.

The above information is correct, to the best of my knowledge. After considering all the information presented in this request,

I do or do not support the granting of this waiver. Please state reason(s):

Signature:

Date:

Phone:

Fax:

Email:

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

FOR OFFICE USE ONLY

Executive Director's Decision

Executive Director's Signature

Date

APPROVED DISAPPROVED
