

REQUEST FOR MEDICAL WAIVER of NYSPHSAA - "Representation"

(In team sports, an athlete must have been an eligible participant on a team for a minimum of six scheduled contests during the regular season. In individual sports, an athlete must have represented their school in six scheduled contests during the season to be eligible. These required contests must occur on six different dates and must be prior to the conclusion of the team's regular schedule.)

School _____ Sport _____

Athlete _____ Date Request Submitted _____

Nature of Injury/Illness _____

Date of Injury/Onset of Illness _____ Date of Medical Clearance _____

RECORD OF PARTICIPATION IN COMPETITIONS (exclusive of Section tournaments):

		* FOR WRESTLING ONLY:	*
Date	Opponent	* Weigh-in validated by Athletic Director	*
1. _____	_____	* _____	*
2. _____	_____	* _____	*
3. _____	_____	* _____	*
4. _____	_____	* _____	*
5. _____	_____	* _____	*

NOTE: All pertinent medical documentation must accompany this request before it will be considered. Such material MUST VERIFY the date of onset of the illness/injury and date physical activity may resume. NOTES FROM PHYSICAL THERAPISTS ARE NOT ACCEPTABLE.

MEDICAL DOCUMENTS ATTACHED:

1. _____ 3. _____
2. _____ 4. _____

FORWARD REQUEST AND DOCUMENTATION PRIOR TO LAST LEAGUE CONTEST TO:

SECTION XI, One Independence Hill, 2nd Floor • Farmingville, NY 11738 or fax to 631-366-4334

Athletic Director Signature

___ APPROVED

___ DISAPPROVED

Executive Director Date