

EXPLAIN YOUR REQUEST: Explain fully what extenuating or unusual circumstances the Association in considering this ineligibility case should know, and please make sure to address any and all other MIAA Rules that would be affected. The four standards that must be addressed at the least are:

- 85.5.1 The rule works an undue hardship on the student.
- 85.5.2 Granting the waiver will not result in an unfair competitive advantage.
- 85.5.3 The waiver approval would not cause displacement of another student-athlete from the appellant's own team.
- 85.5.4 The waiver would not be in conflict with the general well-being of MIAA interscholastic athletic objectives.

(Attach other documents that are required or that seem advisable. If financial hardship is a factor in the waiver request, please secure from the MIAA the "Support for Financial Consideration" form)

DATE _____ PRINCIPAL'S SIGNATURE _____

PART B

To be completed by the STUDENT seeking the waiver and applicant's parent(s) or guardian(s).

NAME OF PARENT _____

ADDRESS (Street) _____

CITY/TOWN _____ STATE _____ ZIP _____

MIAA meetings are open to the public. However, state law allows for an "executive session" (closed to the public) in cases where private, personal, physical, or medical matters are discussed.

Check here if you request executive session consideration of the waiver application.

No personally identifiable information in or attached to the student's application shall be released to anyone other than the staff and reviewing Board/Council members without the specific, informed written consent of the student or parent.

We _____, give permission for any and all pertinent
(STUDENT AND PARENT)
information and attached records related to this athletic eligibility waiver request to be shared with the MIAA Board, Council Members, and Staff who must act upon this request.

DATE _____ SIGNATURE of PARENT _____

STUDENT _____

**MAIL OR FAX PART A AND B (along with Form 200 if Transfer Rule)
WITH DOCUMENTATION TO:**

MIAA, 33 Forge Parkway, Franklin MA 02038

FAX: (508) 541-9888

Revised 7/17/06

DEADLINES FOR SUBMISSION OF WAIVER REQUESTS:
 FALL – SEPTEMBER 22 WINTER – DECEMBER 15 SPRING – APRIL 1

TEL: (508) 541-7997
 33 Forge Parkway
 FRANKLIN, MA 02038



E-mail: miaa@miaa.net
 FAX: (508) 541-9888

APPLICATION FOR STUDENT WAIVER OF ATHLETIC ELIGIBILITY RULE PART A

(To be completed by the PRINCIPAL who is requesting a waiver)

District F, Middlesex/MVC, Bay State Conference, and the Tri-Valley League all have been delegated by the MIAA Board of Directors to deal with some student eligibility waivers from their schools and their decisions are final and not reviewable by the MIAA. *Waivers approved are for that school year only & may be restricted to one or two seasons depending on the circumstances.*

Rule Number for which waiver is requested _____

NAME OF STUDENT _____

ADDRESS (Street) _____

CITY/TOWN _____ STATE _____ ZIP _____

DATE OF BIRTH _____ DATE ENTERED PRESENT SCHOOL _____

NAME OF SCHOOL REQUESTING WAIVER _____ SCHOOL TEL _____

CITY/TOWN _____ ZIP _____

HIGH SCHOOL RECORD *(Please include Grade 9-12)*

- Indicate sport and level played (e.g., Freshman, J.V., Varsity, **AAU and any non-school sport participation – see Rule 57.2**);
- Attach **transcript & attendance** for every year since first entering Grade 9 until the present; and
- Use one line for each school year and/or school.

SCHOOL YEAR	GRADE	SCHOOL WHERE ENROLLED	DATES	FALL SPORT	WINTER SPORT	SPRING SPORT	CREDITS EARNED

~ continued ~