

Colorado High School Activities Association

14855 E. Second Avenue
Aurora, CO 80011
Phone: 303-344-5050

9b

Waiver Form FOR ALL WAIVERS OTHER THAN TRANSFER

School _____ Administrator _____ Title _____

Phone Number _____ Email _____

STUDENT (subject of waiver request) INFORMATION:

Name _____ DOB _____ Age _____ Grade _____

Current Address _____ City _____ Zip _____

Is this in the attendance area of the above school? ____ Yes ____ No

Home Phone _____ Work Phone _____ Living With _____

Enrollment from (mm/dd/yy) _____ to (mm/dd/yy) _____

A. Waiver of CHSAA Bylaws for *eligibility* can be approved if a hardship exists. A hardship is defined in 1800.71 as "a situation, condition or event that is beyond the control of the student or his/her family." Instructions - **Complete items B, C, D** and forward to the CHSAA office.

Waiver Description

____ Consecutive/Total Semester (Bylaw 1770.2)

____ Academic (Bylaw 1710.0)

____ Age Exception – *This form must be accompanied with federal or state defined disability documentation.*

____ Other(Explanation) _____

B. STATEMENT FROM SCHOOL: Attach to this form all supporting documents, i.e. doctor's statement, court documents, psychological report, previous school statement, and other letters or statements documenting hardship conditions.

The conditions stated in this waiver regarding this student are, to the best of my knowledge, true and complete.

____ I do ____ do not recommend the waiver be granted (attach additional sheets if necessary)

Signed: _____ Date: _____

(School Athletic Director, Principal or Superintendent)

C. Record of participation (indicate sports played interscholastically at any level FR, SO, JV, V):

Grade	School/Year	Fall	Winter	Spring
9 th	_____	_____	_____	_____
10 th	_____	_____	_____	_____
11 th	_____	_____	_____	_____
12 th	_____	_____	_____	_____

D. RECOMMENDATION OF THE LEAGUE (do not consider until all sections and documentation have been submitted):

The league must vote on all waivers, except academic waivers.

The _____ League has reviewed the conditions of the above named student and voted as

follows: _____ in favor _____ not in favor of granting the request. (Please provide school vote totals)

The League _____ does _____ does not recommend the waiver of the rule in this case.

Signed (League President) _____ Date _____

CHSAA OFFICE USE ONLY

_____ Varsity Eligibility Approved _____ Varsity Eligibility Waiver Denied _____ Varsity Eligibility Approved under following conditions:

Comments:

Signed _____ Date _____
CHSAA Commissioner

CERTIFICATION OF APPLICATION: By filling this application for interscholastic eligibility, I specifically authorize any and all of this student's former and current/new high schools to release all records regarding this student and to disclose to the CHSAA representative any information or documentation needed or requested by the CHSAA in making this eligibility determination. I authorize the CHSAA to use that information in making its decision. I understand that the CHSAA may be unable to grant athletic eligibility absent the disclosure of relevant information or documentation from this student's former or current/new high schools. I am authorized to make this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that if subsequent to the approval of this application, it is discovered that this approval was granted under false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result.