Request for Medical Waiver of NYSPHSAA - Regulation #25

To be eligible for sectional, intersectional or state competition, a team must have competed in six (6) school scheduled contests during the season. An individual is eligible for the team if he/she has been an eligible participant on a team in that sport in that school for a minimum of six (6) scheduled contests during the regular season. For football, a student must be an eligible participant for a minimum of three (3) contests. Contestants in individual sports (archery, badminton, bowling, cross country, fencing, golf, gymnastics, rifle, skiing, swimming tennis, outdoor track, winter track and wrestling) must also have represented their school in six (6) scheduled contests during the season to be eligible. These required contests must occur on six different dates and must be concluded 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 Com	npetitions (Exclusive of Se	ection Tournaments):	
Date 1 2 3 4			*
VERIFY the date of onset of the THERAPISTS ARE NOT ACC Medical Documents Attached:	tation must accompany the illness/injury and date pEPTABLE.	nis request before it w ohysical activity may r	ill be considered. Such material MUST esume. NOTES FROM PHYSICAL
1			
2			
Request and documentation to the last regular season co	ontest.	e sport coordinator	and the Section VIII Office <u>prior</u>
		Office of Interscholastic Athletics	

Office of Interscholastic Athletics George Farber Administrative Center P.O. Box 9195 – 71 Clinton Road Garden City, NY 11530-9195 Fax# 997-2916 – 997-2018