

REQUEST PERMISSION TO COMPETE IN CIFSDS TEAM OR INDIVIDUAL CHAMPIONSHIPS

	a student at	
(Name - First and Last)		(School)
has been unable to compete in the recom	nmended number of events in the spo	
for the following reasons:		(Sport)
Please check all that apply:		
	/injury and has been under a physicia (Physician's stater	n's care during the period of time from ment required.)
Suffered an incapacitating injury atoto	and has been under a physician's care (Physician's stater	
 Did not have the opportunity to p (Copy of team schedule and reportunity) 	•	red due to academic ineligibility.
	participate in minimum contests req lle and any <u>required Transfer paperw</u>	uired due to the Sit out Period as part of <u>ork</u> .)
5. Did not have the opportunity to permits to permits the permits of the permits	participate in minimum contests requ	ired. (Copy of team schedule required.)
	tion of condition" and "release for co	ss or injury (# 1 and/or #2 above), please ompetition" to this request and submit via te of non-playoff contest for your sport.
		d the development of responsible student criteria in #1, #2, #3 and/or #4 above.
Any athlete who, as a result of this requ must compete in at least one school meet		_
Administrative Signature (Principal, Assistant Principal, or Athletic I	Title Director only)	Date
Commissioners Decision:	Approved	
Date	Not Approved due to inadequate v	erification

(Eligibility forms-current/request permission to compete championships (revised 6/21/13)