

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

**Middlesex/Merrimack Valley Leagues’
 Waiver Review Committee**
 %Thomas Ryan, Principal
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 Stoneham, MA 02180



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APPLICATION FOR STUDENT WAIVER OF ATHLETIC ELIGIBILITY RULE

PART A

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

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 _____ SCHOOL TEL _____

CITY/TOWN _____ ZIP _____

HIGH SCHOOL RECORD (Please include Grade 9-12)

- Indicate sport and level played (e.g., Freshman, J.V., Varsity);
- Attach transcript 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

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EXPLAIN YOUR REQUEST: Explain fully what extenuating or unusual circumstances the Association in considering this case should know. The answers provided to the following questions will be utilized as the criteria to evaluate the waiver request.

1. In what ways the rule fails to accomplish the purpose for which it is intended.
2. How the rule works an undue hardship on the student.
3. How granting the waiver will not result in an unfair advantage over other students.
4. Whether granting the waiver will result in displacement of another student from the high school team.
5. If financial hardship is a factor in the waiver request, include a copy of the Support for Financial Consideration Form.

(Attach other documents that are required or that seem advisable.)

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 _____

Middlesex/Merrimack 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, FAX, or Email PART A AND B WITH DOCUMENTATION TO:
Middlesex/Merrimack Waivers, %Thomas Ryan, Principal, Stoneham High School, Stoneham MA
02180
FAX: (781) 279-2070