

## Section V

### Medical Waiver Request to the Representation Rule

Name of Student Athlete \_\_\_\_\_

School \_\_\_\_\_

Sport \_\_\_\_\_

Grade \_\_\_\_\_

1) Date of Injury \_\_\_\_\_

2) Dates of contests the student athlete was **ineligible** to participate:

\_\_\_\_\_

\_\_\_\_\_

3) Dates of contests the student athlete **represented** their school in contests:

1) \_\_\_\_\_

4) \_\_\_\_\_

2) \_\_\_\_\_

5) \_\_\_\_\_

3) \_\_\_\_\_

4) Please attach the medical documentation for the following:

1) Description of injury sustained or medical condition that prevented participation

2) When the student athlete was withheld from participation - Date \_\_\_\_\_

3) When the student athlete was cleared for full participation - Date \_\_\_\_\_

#25 Representation: To be eligible for sectional, intersectional or state competition, a team must have competed in six (6) school scheduled contests which occurred on six (6) different dates during the season.

Team Sports: For the sports of baseball, basketball, field hockey, ice hockey, lacrosse, soccer, softball, and volleyball an individual is eligible for the team if he/she had 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. For competitive cheer, a student must be an eligible participant for a minimum of two (2) competitions.

Team/Individual and Individual Sports: For the sports of archery, badminton, bowling, cross country, fencing, golf, gymnastics, rifle, skiing, swimming, tennis, outdoor track, winter track and wrestling an individual must also have represented their school in six (6) scheduled contests during the season to be eligible. These required contests must occur on six (6) different dates and must be conducted prior to the conclusion of the team's regular schedule.

*School districts may submit a written request to the Section for adjustment of contests for an individual participant based on medical documentation that confirms the individual was not able to participate in the required number of contests.*

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to: Kathy Hoyt, Executive Director of Section V Athletics [khoyt@wflboces.org](mailto:khoyt@wflboces.org)