MIDSTATES CLUB HOCKEY ASSOCIATION

www.midstateshockey.org - www.midstateshockeydev.org @midstateshockey

Learning Disability Disorders/Other Health Impaired (LDD/OHI) Application

The purpose of this form is to establish the authenticity of an LDD/OHI request and simplify the verification process. The MSCHA Board of Directors has established criteria for such a request. The completion of this form is necessary for approval to participate in league play. This form must be completed and signed in each of the sections below by the appropriate authority. The application deadline is October 1st of the current year.

1. **MSCHA Club Request:** I, _____, an authorized representative of _____ Hockey Club request that player, _____ be given a waiver to MSCHA Rule 7-G-4, Scholastic Eligibility. I further understand that this request, if approved, it is valid for only the current season and must be re-accomplished each season.

   _____ _____
   Authorized Representative Date Parent Date

2. **Professional Certification:** I certify that the above referenced player is under my care. He/She has been diagnosed by me with _____ and such diagnosis is within the scope of my professional qualifications. If you have any questions, feel free to contact me at _____.

   _____ _____
   Authorized Representative Title Date

3. **Individual Education Program/Other Health Impaired Certification:**

   Currently, _____ is a student at _____ and under my supervision. He/She has been diagnosed as LDD/OHI through the Special School District of St. Louis County or the equivalent in St. Charles or Jefferson County. In conjunction with this School District, he/she has received an Individualized Education Plan/IEP or a 504 Plan. I certify that favorable progress is being made in this program. If you have any questions, feel free to contact me at _____.

   _____ _____
   Authorized Representative Date Title Date

4. **Attach a copy of your most recent semester report card.**
5. **Send completed form and grade card by mail, fax or email to:**

   Midstates Hockey League Office
   312 Oakmont Farm Drive
   Ballwin, MO 63021
   Fax: 314-433-4510
   Email to: barbcmidstates@att.net

For Mid-States Hockey information contact Barb Collumbien at 314-575-7069.