

DISTRICT OF COLUMBIA STATE ATHLETIC ASSOCIATION

2019-20

Waiver Request Form

ALL INFORMATION SHOULD BE TYPED OR PRINTED

1. Please provide the following information concerning the student who is requesting the waiver:

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent(s)/Legal Guardian's Name: _____

Address: _____

Telephone: _____

(Best number to reach you during business hours.)

Email: _____

2. Provide a complete list of interscholastic sports the student has played on school teams. Including the appropriate levels of competition (Middle School (6-8), freshman, Junior varsity, and/or varsity): _____

3. What action are you requesting the District of Columbia State Athletic Association (DCSAA) to take concerning the waiver request? Please choose one or more of the following options:

Approve the waiver for the following single sport (Identify which sport)

Approve the waiver for the following multiple sports (Identify which sports)

Other (Indicate specifically) _____

4. Please list the section and paragraph of 5-F DCMR; Chapter 1 that you wish the DCSAA to consider regarding the waiver request.



PRINT: _____ SIGNATURE: _____
High School Athletic Director

Date: _____

PRINT: _____ SIGNATURE: _____
Principal/Administrative Head of School

Date: _____

PRINT: _____ SIGNATURE: _____
LEA Athletic Director

Date: _____

NOTICE OF WAIVER APPLICATION AND CONSENT FOR RELEASE OF INFORMATION

By signing this application, the parent/legal guardian acknowledges that an athletic waiver is being submitted on behalf of the student-athlete named above.

By signing this application, I authorize the release of the following school records upon request by the DCSAA: Transcripts, Report Cards, Attendance Records, Annual Student Enrollment Form, Medical Documents, Court Documents, OSSE DC Residency Verification Form & Supporting Documents, IEP Documents, Exclusion Letters, Safety Transfer Documents, Foreign Exchange Documents and School Letters that may provide pertinent facts relating to the student's waiver request.

PRINT: _____ SIGNATURE: _____
Parent/Legal Guardian

Date: _____

Send the Waiver Request Form and all supporting documentation via email – evelyn.lightfoot1@dc.gov and/or mail to:

District of Columbia State Athletic Association (DCSAA)
1050 First Street, NE / 6th Floor
Washington, DC 20002

School administration is invited to call the DCSAA office at 202-654-6115 for assistance in completing this form or for information about the supporting documentation that is required.

