



APPLICATION FOR WAIVER OF BONA FIDE TEAM RULE 45 (and 96)

(To be completed and submitted prior to the event.)

Allowed ONLY during the pre-season or regular season. Will not accept requests to miss practice or contests during post-season play.

SECTION I

1. Name of Student:
2. Grade:
3. Name of School:
4. School Telephone:
5. City/Town:
6. Zip:
7. Date Submitted:

SECTION II

1. Attach to this form a copy of the invitation received by the student.
2. How many days of school will the student miss?
3. How many practices/games will the student miss? Games Practices
4. In what sport will the student be participating?
5. What sport will the student be missing by attending that event?
6. Date of the event: Start Date: End Date:

SECTION III

Explain your request. By responding to the following points, please give an explanation of your support for the waiver.

1. The name of the event that the student will be attending:
2. Location of the event:



33 Forge Parkway, Franklin MA 02038

TEL: (508) 541-7997
FAX: (508) 541-9838
E-mail: miaa@miaa.net

3. In what way is this event a significant experience?

4. Why is this request supported by the school?

5. Endorsement in support of the waiver. Your signature indicates your support of this waiver request:

Principal:

Athletic Director:

Coach:

Parent:

Student: