## New Jersey Interscholastic Athletic Association (NJSIAA) Pre-High School Student Eligibility Waiver Application

| Student Name:  | High School:   | High School:   |  |
|--|--|--|--|
| Current School (MS/Jr. HS):  | School Year:   | Grade:   |  |
| <u>Introduction</u>  |  |  |  |
| Article V, Section 4 C of the NJSIAA Bylaws, sta attains the age of nineteen prior to September be eligible for high school athletics after the expense of the standard of the | r 1. Article V, Section 4 J of the NJSIAA<br>xpiration of eight consecutive semeste<br>gh school athletics when the class in w<br>below the 9th grade who participate or<br>we semesters, beginning with the stude | Bylaws, states that no student shall<br>irs following his/her entrance into the<br>which he/she was originally enrolled<br>on a high school team will be |  |
| In order to assure the opportunity for eight may request waivers to permit students wacademically eligible, to participate on the (16) years of age or older upon endependents/School Administrators of electrons of the students so they can be assured of four (4)   | who are enrolled in the 6th, 7th and 8th<br>he junior varsity or varsity teams whe<br>ntrance into the 9th grade prior<br>dementaryschools should provide the A  | n grades and who are otherwise<br>re such students will be sixteen<br>to September 1st. Guidance<br>hthletic Director with ages of all                   |  |
| This waiver application is for student-athletes year. No waiver will be granted to students w granted, the student-athlete will not be eligibl semester of participation in a high school spor Thus, students whose waiver is granted will no school participation begins in the seventh grad  | who turn nineteen after September 1st le after 8 consecutive semesters of part. Future waivers will not be granted of be eligible for participation during t   | of their senior year. If the waiver is rticipation starting from the first for Age or Semesters exceptions.  |  |
| <u>Acknowledgement</u>   |  |  |  |
| I have read and fully understand the provision:  | s of this waiver application.  |  |  |
| (Name of Parent/Guardian- Please Print)  | (Parent/Guardian Signature)  | (Date)   |  |
| (Athletic Director Signature)  | (Student Signature)  | (Date)   |  |
| =======================================  | (NJSIAA Use Only)  |  |  |
| Application Decision: Approved Dec   | nied   |  |  |
| Notes:   |  |  |  |
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|  |  |  |  |

(NJSIAA Signature)

(Date)

(NJSIAA Director)