

**CALIFORNIA INTERSCHOLASTIC FEDERATION
ATHLETIC ELIGIBILITY WAIVER FOR STUDENT-ATHLETES DISPLACED BY THE JAPAN DISASTER**

(Displaced students are ineligible for athletic participation until the principal/headmaster approves this Eligibility Waiver)

To be filled out by the school, student and/or parent/guardian and filed with your local section and State Office.

Name of Student (print) _____ Current Grade _____
 Birth date _____ Age _____
 Students Temporary Address or Location _____
 Current School District and School: School District _____ City _____
 School _____
 Last School Attended: Former School District _____ Former City _____
 Former School _____

Yes No

- 1. Will (or was) the student be 19 years of age before June 15 of the current school year? (CIF Bylaw 201)
- 2. Was the student academically eligible under at the time of displacement? (CIF Bylaw 205.A.)
- 3. Is the student enrolled in the equivalent of 20 semester periods of work? (CIF Bylaw 205.D.)
- 4. Did the student first enroll in the 9th grade more than 4 years ago? (CIF Bylaw 204) What was the first date of enrollment in the 9th grade? _____
- 5. Has only a portion of the immediate family been temporarily relocated to California? **IF YES, ATTACH AN EXPLANATION.**
- 6. Are immediate family members remaining in the affected area of the hurricane? **IF YES, ATTACH AN EXPLANATION.**
- 7. Did anyone from the current school contact the student prior to their enrollment in the current school? (CIF Bylaw 510) **IF YES, ATTACH AN EXPLANATION.**
- 8. Was the student ever prohibited from participation at the previous school? (CIF Bylaw 217) **IF YES, ATTACH AN EXPLANATION.**

TO BE COMPLETED BY STUDENT, PARENT/GUARDIAN/CAREGIVER AND ADMINISTRATION OF NEW SCHOOL

Date of enrollment in new school: _____
 School Phone #: _____ School Fax #: _____
 It shall be the responsibility of each school to have on file the following required annual forms for each student who participates in any practice (before, during or after school), scrimmage, or game: Pre-participation Physical Examination, Medical History Form, Steroid Prohibition Statement and any other required school and/or section forms.

Incorrect or untrue information provided by the parent/guardian/caregiver or student could cause ineligibility. The following signatures certify that, to the best of your knowledge, all information presented on this form is true and correct.

Student	Date	Parent/Guardian/Caregiver	Date
New School Coach	Date	New School Administrator	Date

PRINCIPAL/HEADMASTER APPROVAL: I certify the above named student is approved.

Signature of School Principal/Headmaster _____ Date _____
 School _____ Conference/League _____ Section _____

The School Principal/Headmaster makes two copies of the completed form. Send one copy to the section office and the other copy to the CIF State Office, 4658 Duckhorn Drive, Sacramento, CA 95834 FAX: 916.239.4477. Retain the original in your file.

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