

**CALIFORNIA INTERSCHOLASTIC FEDERATION  
ATHLETIC ELIGIBILITY WAIVER FOR STUDENT-ATHLETES DISPLACED BY HURRICANE HARVEY**

*(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 \_\_\_\_\_  
 Birthdate \_\_\_\_\_ 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                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will (or was) the student be 19 years of age before June 15 of the current school year? (CIF Bylaw 203)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the student academically eligible under former state association rules at the time of displacement? (CIF Bylaw 205.B.)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the student enrolled in the equivalent of 20 semester periods of work? (CIF Bylaw 205.B.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did the student first enroll in the 9th grade more than 4 years ago? (CIF Bylaw 204)<br>What was the first date of enrollment in the 9th grade? _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has only a portion of the immediate family been temporarily relocated to California? <b>IF YES, ATTACH AN EXPLANATION.</b>                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are immediate family members remaining in the affected area of the hurricane? <b>IF YES, ATTACH AN EXPLANATION.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did anyone from the current school contact the student prior to their enrollment in the Current school? (CIF Bylaw 510) <b>IF YES, ATTACH AN EXPLANATION.</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Was the student ever prohibited from participation at the previous school? (CIF Bylaw 209, 210 & 212) <b>IF YES, ATTACH AN EXPLANATION.</b>                   |

**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, Concussion and Sudden Cardiac Arrest Statements 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 Retain the original in your file.**

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