



## **MCSAA Exceptions to Eligibility Form**

Athlete name: \_\_\_\_\_

Athlete age: \_\_\_\_\_

Athlete gender: \_\_\_\_\_

Team athlete wishes to play on: \_\_\_\_\_

School: \_\_\_\_\_

The parents, athlete, physical education teacher and administration are aware that this athlete is requesting to participate on a team of the opposite gender, which will be competing against teams of the opposite gender. They are aware and accept that there may be certain risks associated with this, and understands the nature and level of play based on the sport they are involved in. The athlete is wishing to participate on the team because there is not a team of their own gender available at this school.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Education Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administration Signature

\_\_\_\_\_  
Date

MCSAA approval: \_\_\_\_\_ YES

\_\_\_\_\_ NO

MCSAA President Signature: \_\_\_\_\_ Date: \_\_\_\_\_