



**WASHINGTON INTERSCHOLASTIC ACTIVITIES  
ASSOCIATION**  
435 Main Avenue South, Renton, WA 98057  
425-687-8585 FAX 425-687-9476 Web site: [www.wiaa.com](http://www.wiaa.com)

**2009-10**

**STUDENT ELIGIBILITY  
PACKET**

*“Preparing Youth for Life, From One Generation to the Next”*

## WIAA SCHOOL ELIGIBILITY CHECKLIST

Student Name \_\_\_\_\_ Activity(ies) \_\_\_\_\_

Coach(es) \_\_\_\_\_

Year of Eligibility 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ Transfer Student? \_\_\_\_\_

This checklist is designed for use by school personnel responsible for reviewing and verifying WIAA eligibility requirements. The checklist does NOT include criteria or standards established by individual schools or districts.

Regulation	Standard	Yes	No	Comment or Question																
Age _____ Birthdate _____ 18.4.0	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Fall</u></td> <td style="text-align: center;"><u>Winter</u></td> <td style="text-align: center;"><u>Spring</u></td> </tr> <tr> <td>HS under 20</td> <td style="text-align: center;">Sept. 1</td> <td style="text-align: center;">Dec. 1</td> <td style="text-align: center;">Mar. 1</td> </tr> <tr> <td>JH under 16</td> <td style="text-align: center;">June 1</td> <td></td> <td></td> </tr> <tr> <td>MS under 15</td> <td style="text-align: center;">June 1</td> <td></td> <td></td> </tr> </table>		<u>Fall</u>	<u>Winter</u>	<u>Spring</u>	HS under 20	Sept. 1	Dec. 1	Mar. 1	JH under 16	June 1			MS under 15	June 1					
	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>																	
HS under 20	Sept. 1	Dec. 1	Mar. 1																	
JH under 16	June 1																			
MS under 15	June 1																			
Regular member of member school. 18.5.0	Enrolled half-time or more, exclusive of interscholastic athletic activities.  Enrollment date _____																			
Scholarship  Maintain passing grades. 18.7.0  Seniors 18.7.1	Maintain passing grades in a minimum of: <b>3 classes in a 4 period class schedule or the equivalent credits</b> <b>4 classes in a 5 period class schedule or the equivalent credits</b> <b>5 classes in a 6 period class schedule or the equivalent credits</b> <b>6 classes in a 7 period class schedule or the equivalent credits</b> <b>7 classes in an 8 period class schedule or the equivalent credits</b> <b>RUNNING START COURSES      EQUIVALENT</b> One 5-credit quarter course      1 high school credit One 3-credit semester course      1 high school credit  Seniors on track to graduate may enroll in one less class than the minimum number of classes required for other students. They must maintain passing grades and can not drop or withdraw from a class to remain eligible.																			
Residence 18.10.0	Student resides with parent(s) in this school district and school service area. A school district may be public or private and a private school district shall be considered separate and distinct from a public school district.																			
Transferring/New Resident Students 18.11.0	Meets all transfer rules of this school and WIAA.  Student left previous school as an eligible athlete in good standing. (Refer to WIAA Article 18.11.1)																			
Previous Semester 18.8.0 Regular Attendance 18.9.0 Season Limitations 18.14.0	Student has met criteria for a previous semester/trimester.  Student enrolled and in regular attendance the first 15 days of current semester (10 days for trimester).  No more than 4 consecutive years have lapsed since student entered 9th grade.																			
Sports Participation 18.25.3A	Student has <b>not</b> participated in a sport(s) at the school, club or community level in the previous year.																			
Physical Exam passed and filed 17.11.0	Passed physical exam, which is good for 24 months and/or initial exam renewed.																			
Concurrent Sports Limitation 18.21.0	Student participating in one sport per season.																			



2009-10

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION  
STUDENT ELIGIBILITY PACKET

TO: \_\_\_\_\_  
(Student's Name)

SCHOOL: \_\_\_\_\_ Date: \_\_\_\_\_  
(Issuing School)

You have received this packet of information because you have been declared ineligible according to WIAA Rules and Regulations. Please read Form #1. The attached forms are to be completed and mailed to the WIAA District Eligibility Chairperson, within the time limits stated on Form #1, and include supporting documentation as listed below.

	<u>Forms</u>	<u>To be completed by</u>
Form #1	Notice of Ineligibility – School Report	School Administrator
Form #2	Attending School – Student Information	Student & School Administrator
Form #3	Student Statement	Student
Form #4	Parent Statement	Parent
Form #5, p.1	Previous School Statement (If ineligible because student does not meet <b>Residence/Transfer Rules</b> )	Previous School Administrator
Form #5, p.2	Current School Statement	Current School Administrator
Form #6	Educational /Cultural Exchange	Student & School Administrator
Form #7	Graduation Plan (If ineligible because student does not meet <b>Season Limitations Rule</b> )	Student & School Administrator
	Attach: Student Transcript	Must be attached and mailed with appeal forms
	Attach: Other Supporting Documents	May be included with the appeal forms

WCDIII Contact:

**Tom Reardon, WCDIII Eligibility Chairman**  
**PMB # 185**  
**3110 Judson St.**  
**Gig Harbor, WA 98332**

Phone: 253-853-6491  
Fax: 253-276-0018  
E-mail: [reardonwcd@comcast.net](mailto:reardonwcd@comcast.net)



Appeal Form 1 – Page 2 SCHOOL REPORT

Consistent with the above rule, please be advised that the undersigned has reasonable cause to believe that you are presently ineligible to participate in or continue to participate in (name of activity) \_\_\_\_\_ under the rules of the Washington Interscholastic Activities Association.

- Age Limitation – Article 18.4
Previous Semester – Article 18.8
Student Member – Article 18.5
Transfer – Article 18.10/11/13
Scholarship – Article 18.7
Other (explain)
Season Limitations – Article 18.14 NOTE: Fifth year students must provide a written graduation plan (Form 7 in packet) signed by a school official.

Please be advised that you have a right to request a hearing before the Eligibility Committee for your WIAA District in order to contest the above reason(s) for your ineligibility. Failure to request a hearing within three (3) school business days that classes are in session following the date of receipt of this written notice of alleged ineligibility shall be deemed a WAIVER of the right to a hearing and the appeal procedures that govern determinations of eligibility under the standards established by the Washington Interscholastic Activities Association.

Attached to this written notice you will find the necessary forms that must be completed and forwarded in a timely manner to the Eligibility Committee of the WIAA District in order to contest the reason(s) of alleged ineligibility set forth in this written notice.

This petition must be mailed to the Eligibility Chairperson for your WIAA District. School should retain a copy of this form or record the official date of its completion.

Note: A check in the amount of \$10.00 made out to West Central District III must be received by the Eligibility Chairman before a hearing can be scheduled.

A minimum of 72 hours notice must be provided if an attorney will be representing you at the hearing.

- A school administrator has explained to the student and parents that a hearing will not be scheduled until the Eligibility Chairman has received a \$10.00 check to cover the WCDIII hearing fee.
Yes, prior to the eligibility hearing, a school administrator has explained the hearing process and reviewed the hardship definition and criteria.
Prior to sending the Eligibility Packet to the District Eligibility Chairperson, a school administrator has reviewed it to determine that all appropriate forms have been completed and included by the student and parents.

Signature of Student

Superintendent or His/Her Designee

Date

Please Print Name

Signature of Parent/Guardian (Optional)

Title

A hardship exists only when some unique circumstances concerning the student’s physical or emotional status exist and only when such circumstances are not the result of acts or actions by the student or family unit. Usual maturation problems or family situations that do not cause severe and abnormal emotional problems and academic or athletic deficiencies in a school’s curriculum or extracurricular activities do not constitute a hardship. (See Article 18.25)

In addition, the WIAA has the ability to waive rules applicable to granting additional playing time and granting such is discretionary based on the individual facts and circumstances of each student.



WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

ATTENDING SCHOOL – STUDENT INFORMATION
Appeal Form 2

WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION

TO BE COMPLETED BY STUDENT

Name of student \_\_\_\_\_ School \_\_\_\_\_

Year in school 9 10 11 12 Date of birth \_\_\_\_\_ Date enrolled \_\_\_\_\_
(Circle)

Name of parent(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip + 4 \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax \_\_\_\_\_

Person(s) with whom student resides \_\_\_\_\_

Address of person(s) with whom student resides \_\_\_\_\_

School district in which student resides \_\_\_\_\_

Has legal guardian been court appointed? Yes \_\_\_ No \_\_\_ Date appointed \_\_\_\_\_

Submit certified copy of court order or letter of guardianship \_\_\_\_\_ Date \_\_\_\_\_

Is support from parent(s) continuing to student? Yes \_\_\_\_\_ No \_\_\_\_\_

IF THERE IS NO LEGAL GUARDIAN, indicate relationship of student to person(s) with whom he/she resides:

\_\_\_\_\_

Indicate reasons for living with this particular person(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If residing with other than parent(s), please indicate the number of months \_\_\_\_\_ and date \_\_\_\_\_
the student began residing with guardian.

THE \$10.00 HEARING FEE MUST BE PAID TO WCDIII PRIOR TO THE HEARING.

PLEASE ATTACH THE STUDENT'S TRANSCRIPT AS REQUIRED

It is my understanding that this statement will become part of the material presented to the Eligibility Committee
concerning eligibility in interscholastic sports activities.

Signature of student \_\_\_\_\_

Signature of principal/designee and title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

STUDENT STATEMENT  
Appeal Form 3

TO BE COMPLETED BY STUDENT OR  
DESIGNATED PETITIONER

Regarding the eligibility of

\_\_\_\_\_  
Name of Petitioner

\_\_\_\_\_  
School

Consistent with the eligibility standards established by the Washington Interscholastic Activities Association (WIAA), the following statement (and attached documentation, if any) is hereby set forth in support of the instant petition for eligibility:

The following is my statement as to why, under the rules of the WIAA, I should be eligible for interscholastic competition. State in detail what hardship condition, as defined below, prevented student from complying with WIAA rules.

**A hardship exists only when some unique circumstances concerning the student's physical or emotional status exist and only when such circumstances are not the result of acts or actions by the student or family unit. Usual maturation problems or family situations that do not cause severe and abnormal emotional problems and academic or athletic deficiencies in a school's curriculum or extracurricular activities do not constitute a hardship. (See Article 18.25)**

**In addition, the WIAA has the ability to waive rules applicable to granting additional playing time and granting such is discretionary based on the individual facts and circumstances of each student.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional space is required, please attach and number any additional page(s). Please attach any documentation (e.g., transcript, medical reports, financial reports, police and court records or other materials) that supports the position of the petitioner.

This petition must be postmarked or received within **three (3) school business days** of notification of ineligibility by the Eligibility Committee Chairperson for your WIAA District, whose name and address is

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner(s)

Date \_\_\_\_\_



WASHINGTON INTERSCHOLASTIC  
ACTIVITIES ASSOCIATION

# WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

## PARENT STATEMENT Appeal Form 4

**TO BE COMPLETED BY PARENT/GUARDIAN/FAMILY MEMBER  
WITH WHOM STUDENT RESIDES**

\_\_\_\_\_  
Name of student requesting eligibility

\_\_\_\_\_  
School

It is my (our) request that my (our) son/daughter be eligible for interscholastic sports activities. It is my (our) understanding that this statement will become a part of the material presented to the Eligibility Committee to determine whether he/she will be eligible for interscholastic sports activities.

The following is my (our) statement as to why, under the rules of the WIAA, my (our) son/daughter should be eligible for interscholastic competition. State in detail what hardship condition, as defined below, prevented student from complying with WIAA rules.

**A hardship exists only when some unique circumstances concerning the student's physical or emotional status exist and only when such circumstances are not the result of acts or actions by the student or family unit. Usual maturation problems or family situations that do not cause severe and abnormal emotional problems and academic or athletic deficiencies in a school's curriculum or extracurricular activities do not constitute a hardship. (See Article 18.25)**

**In addition, the WIAA has the ability to waive rules applicable to granting additional playing time and granting such is discretionary based on the individual facts and circumstances of each student.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any documentation (e.g., transcript, medical reports, financial reports, police and court records or other materials) that supports the position of the petitioner.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**PREVIOUS SCHOOL STATEMENT / CURRENT SCHOOL STATEMENT**  
Appeal Form 5 – Page 1

**REQUIRED BY THE ELIGIBILITY COMMITTEE**

\_\_\_\_\_  
Name of student requesting eligibility

\_\_\_\_\_  
Current school

**PREVIOUS SCHOOL STATEMENT**

\_\_\_\_\_  
Name of principal or designee at previous school

\_\_\_\_\_  
Previous school

I have known the above-named student for \_\_\_\_\_ months \_\_\_\_\_ years, in the following capacity:

\_\_\_\_\_  
Last date of attendance \_\_\_\_\_

**State your understanding as to why this student is no longer attending your school.**

\_\_\_\_\_

**Does this student meet the criteria for a hardship waiver based on the WIAA's definition of hardship (18.25.0)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, state why.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A hardship exists only when some unique circumstances concerning the student's physical or emotional status exist and only when such circumstances are not the result of acts or actions by the student or family unit. (WIAA 18.25.1A)**  
**Usual maturation problems or family situations that do not cause severe and abnormal emotional problems and academic or athletic deficiencies in a school's curriculum or extracurricular activities do not constitute a hardship. (WIAA 18.25.1B)**

**In addition, the WIAA has the ability to waive rules applicable to granting additional playing time and granting such is discretionary based on the individual facts and circumstances of each student.**

Are there any conditions of ineligibility that apply to this student? (e.g., athletic code violations, school suspensions, scholastic, etc.) Refer to WIAA 18.11.1. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the reason and the penalty imposed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

EDUCATIONAL/CULTURAL EXCHANGE

Appeal Form 6

**Submit Form 6 to your WIAA District Eligibility Chairperson**

**Students leaving the country for one year**

I will be participating in a cultural/educational exchange program next school year. Participation in this program is for cultural/educational (non-athletic) reasons. When I return from my cultural exchange, I understand I will be eligible only at the school I attended prior to leaving.

I further understand that eligibility will not be extended beyond the four consecutive year period provided for in Article 18.14.

I also understand that, prior to leaving, I must discuss my plans and how my eligibility may be affected with the athletic administrator at my school.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Country for Cultural Exchange

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Students transferring to this country for one year**

I am participating in a cultural/educational exchange program for non-athletic reasons. As a condition of eligibility, I understand that the residence/transfer rule shall be waived for only one year at the first school that I attend. Should I remain in this country longer, I will be considered a transferring student eligible at the junior varsity level for a one-year period of time.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Country of Origin

\_\_\_\_\_  
Host High School

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
School Administrator/Title

\_\_\_\_\_  
Host Family

\_\_\_\_\_  
Date

Yes  No Student has / has not graduated from high school prior to coming to the United States.  
If yes, please indicate the date of graduation. \_\_\_\_\_

**NOTE: High school graduates are not eligible to compete at any level.**



WASHINGTON INTERSCHOLASTIC  
ACTIVITIES ASSOCIATION

# WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

## GRADUATION PLAN Appeal Form 7

**Required by the Eligibility Committee for Season Limitations Students**

\_\_\_\_\_  
Name of student requesting eligibility

\_\_\_\_\_  
Current school

\_\_\_\_\_  
School district

\_\_\_\_\_  
Credits required for graduation

\_\_\_\_\_  
Credits student has earned

\_\_\_\_\_  
Credits needed to graduate

School Organization: \_\_\_\_\_ Trimester \_\_\_\_\_ Semester \_\_\_\_\_ Block Schedule

**List specific classes student needs to graduate and describe the monitoring plan.**

Class

Plan for Monitoring

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan monitored by \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Date student will complete requirements \_\_\_\_\_

Approved by Principal/Counselor \_\_\_\_\_  
Signature/Title