

Eligibility Regulation Waiver (hardship) Transfer Guidelines Form

1. Please be advised that the Idaho High School Activities Association Eligibility Committee and Board of Directors will NOT recognize the following as hardships:

- Athletic motivation
- Driving distance
- Proximity to school
- Gas Prices
- Playing time or other coaches decisions
- Small or large class sizes
- Allegations of a better education
- Less than a full family move
- Sadness or anxiety

2. Harassment, intimidation, and bullying will only be considered if the following documentation is provided:

- ✓ The school or district anti-harassment, anti-intimidation, anti-bullying policies and procedures have been strictly followed and complied with by both the member school and the student/parents.
- \checkmark The school or district provides the IHSAA with a copy of the policy and procedures.
- The school or district secures the appropriate releases from the student/student's parents authorizing the release of a complete record of the events and circumstances on which the policies and procedures were initiated including:
 - A specific, detailed report of the incident(s).
 - o An outline of the procedures used to respond to and investigate the reported incident(s).
 - 0 A copy of the findings that were a result of the complaint process and investigation.
 - A specific, detailed disciplinary procedure for any individual found guilty of harassment, intimidation or bullying.
 - 0 All reports of notification to parents or guardians of any student involvement in the incident(s).
 - 0 A report of the intervention strategies and remedial action the school has undertaken to assist the student and redress the complaint.
- \checkmark The school or district provides the IHSAA with all of the above referenced records.

3. In cases involving medical hardships, the waiver request must be accompanied by the statements of two (different offices) or more medical experts. Statements should include, in detail, the medical aspects of the case.

Certification of Application:

This is to certify that the student named herein has effected the transfer of schools as indicated, that the transfer was not for participation reasons, and that no person has used undue influence in an attempt to secure this student's enrollment for purposes of activity participation. We further certify that all information herein contained is correct and understand that ineligibility may result if the information proves to be incorrect through **error in statement**.

I have knowingly provided all information requested and agree to the release of all records.

Student Signature

Date

Parent/Guardian Signature

School Administrator's Signature

Date

Date