

Request for Waiver of the MPA Sport Season Policy

MPA, 50 Industrial Drive, Augusta, ME 04330; Fax 622-1513



School Name: _____

Waiver for Coach:

Coach's Name: _____

Sport: _____

Is this a first request? Yes No

1. Is this for an extension of the spring sports season into the hands off period?
(Example: American Legion or Hersey Track) Yes No

2. Is this for a ski waiver for J-2 Championships or the Eastern High School
Championships? Yes No

3. Is this for a coach who would violate the policy due to his/her present job
outside of school? Yes No

*If yes, what is your plan to find a coach who meets sport season
requirements for the following year?*

4. Other Yes No. Please describe your waiver request in detail.
(Use reverse side if more space is needed.)

Principal's Signature: _____ Date: _____

Approved by Executive Director: _____ Date: _____

Referred to Interscholastic Management Committee on: _____