

**YSLETA INDEPENDENT SCHOOL DISTRICT
ATHLETICS
WAIVER OF PLAYER PARTICIPATION RULE
FOR VOLLEYBALL OR BASKETBALL**

A coach and principal may complete this form and submit to the Athletic Office if a **volleyball team** competes with fewer than 12 players or if a **basketball team** competes with fewer than 10 players in a regular season game.

Pre-Contest Waiver:

Used when athlete(s) will miss a game due to involvement in other school activities or family emergency. This form is to be faxed (435-9555) to the Athletic Office by 4:00 PM on the day preceding the game.

Campus

Date of Request: _____ School: _____

Request for Game(s) On: _____

Who Will Miss Contest:

Name of Player	Number of Player	Grade
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Reason _____

Number of players who will compete in game(s): _____.

Coach's Signature	Date	Campus Administrator's Signature	Date
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Post Contest Waivers:

Used when there is game day illness, injury, or a family emergency. This form is to be faxed (435-9555) to the Athletic Office by 4:00 PM on the first school day following the game.

Campus

Date of Game: _____ School: _____

Who Missed Contest:

Name of Player	Number of Player	Grade
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Reason _____

Coach's Signature	Date	Campus Administrator's Signature	Date
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Athletics

☐ Approved ☐ Not Approved

Athletic Director/Designee's Signature	Date
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This form will be faxed back to the campus after Athletics Director's Signature.