

NEW YORK STATE PUBLIC HIGH SCHOOL  
ATHLETIC ASSOCIATION, INC.

SECTION NINE  
DURATION OF COMPETITION  
EXTENSION APPLICATION (Standard 8i)  
TO BE FORWARDED TO ELIGIBILITY COMMITTEE

I. Personal Data

Pupil Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_  
School Telephone #: \_\_\_\_\_  
Seasons and Sports Requested: \_\_\_\_\_  
Pupil's Athletic History:

Sport	No. of Seasons Participated	School Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Date of Entry (Beginning of Sport Participation in High School Level of Competition). Attach Transcript

A. Date of entry into ninth grade: \_\_\_\_\_  
Month Day Year

B. Date of entry into eighth grade: \_\_\_\_\_  
Month Day Year

C. Date of entry into seventh grade: \_\_\_\_\_  
Month Day Year

III. Reason for Request for Extension

Describe the reason for requesting an extension for duration of Competition as it relates to the appropriate circumstance. You may attach supporting documents.

A. Illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Other Circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

APPROVED Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Fred Ahart, Eligibility Chairperson

DISAPPROVED