New York State Public High School Athletic Association, Inc.

WRESTLING MINIMUM WEIGHT CERTIFICATION

Request for Waiver of the Two Week Rule

All requests for minimum weight certification of a wrestler after the first two weeks of the season, exclusive of Sundays and school holiday closings, are to be submitted on this form to: Jeff Cuilty – Section 9 Wrestling Chairman. **The wrestler is <u>not</u> eligible to compete** until the this document **and** the wrestler's Individual Profile Form are received by the Section 9 Chairman.

Name of Student Requesting Waiver: _____

Name of School: _____ Section: **9**

Signatures: _____ _____
head coach date

_____ _____
athletic director date

_____ _____
high school principal date

Rational for Request: (attach all pertinent documentation)

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FAX TO: 561-7792 – JEFF CUILTY – SECTION 9 CHAIRMAN

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coordinator's use only ↓

Section 9 Wrestling Coordinator: JEFF CUILTY

Request is ☐ approved ☐ denied Date: _____

Reason(s) for approval / denial: (Coordinator may consult with NYSPHSAA staff)

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_____

Section Wrestling Coordinator's Signature: _____

Section Chairman returns one copy to school, one copy for Chairman, one copy to NYSPHSAA office by 3/15