



MEDICAL HARDSHIP PETITION - TEAM SPORTS

Applications must be typed and completed with all of the required documentation listed below.

Institution: _____

Student-Athlete: _____

Sport: _____

Season of Injury: _____

1. Summary diagnosis of injury or illness: _____
2. Date of injury or illness/last date of competition: _____
3. Attending Physician: _____
4. Specific date student-athlete was medically cleared to return to competition: _____
5. Did the student-athlete return to continuous full practice? Yes *Date returned:* _____ No
6. Date first enrolled at your institution: _____ *Date first enrolled at any institution:* _____

Competition Information:

- _____ Number of completed or scheduled contests/dates of competition.
Do not include scrimmages or exhibition contests. **EXCEPTION: SOCCER**
- _____ Date of half-way point of the season
- _____ Number of contests/dates of competition participated by petitioning student-athlete
- _____ Number of contests/dates of competition that equals 30% of the team's season. *(Please round up.)*

Required Attachments:

- _____ Chronological Summary of all medical documentation included in request.
- _____ Letter from the treating medical doctor and/or psychological doctor who administered care at the time of the injury or illness stating that the injury or illness was incapacitating in nature and resulted in the student-athlete missing a season of competition.
- _____ Complete team schedule for the applicable season with contest(s) marked in which student-athlete competed.

Certification of Validity of Request:

I certify that the student-athlete's injury or illness resulted in an incapacity to compete for the remainder of the traditional playing season.

Signature: _____
Athletic Trainer Date

Signature: _____
Head Coach Date

Signature: _____
Athletic Director Date

Signature: _____
Compliance Officer Date

I confirm that the institution has a signed copy of the HIPPA release and NCAA Student-Athlete Statement on file for this student-athlete.

Signature: _____
Faculty Representative Date

I have reviewed the information and documentation contained within this petition concerning my athletics participation and medical history, and I certify that this information is correct and authentic. I understand that I will be represented by the Athletics Department of my institution in the submission of this petition to the Big Sky Conference and in any subsequent proceedings relating to its disposition. I understand that the information contained within the petition will be reviewed by the Big Sky Conference and may be reviewed by the NCAA, and I authorize the release of my university records and medical documentation for this purpose.

Signature: _____
Student-Athlete Date