



SPECIAL CASE

If this boy does not qualify for the developmental rating required by using the standards of the maturity scale on the reverse side of this form, but in your opinion he can safely compete with older boys at the level of play indicated below, you as the school physician may give him approval as a SPECIAL CASE.

STUDENT: _____

SPORT: _____

Physician Statement:

I give my permission for this boy to participate on the team for this sport at the level indicated below:

(Check appropriate level)

- Varsity
 Jr. Varsity
 Frosh
 Modified

I realize he did not meet the requirements for this sport using the maturity scale for the Selection/Classification Program, but in my opinion he can safely compete with older boys. I, therefore, give him SPECIAL APPROVAL to play provided he can achieve the required scores on the athletic performance tests and has skills satisfactory to the coach.

NOTE: Before signing, be sure to read the above physician statement carefully.

Signed _____

School Physician Date ____ / ____ / ____