



SPECIAL CASE

If this girl 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 she can safely compete with older girls at the level of play indicated below, you as the school physician may give her approval as a SPECIAL CASE.

STUDENT: _____

SPORT: _____

Physician Statement:

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

(Check appropriate level)

- Varsity
- Jr. Varsity
- Frosh
- Modified

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

Signed _____

School Physician Date ____ / ____ / ____