

## Turn-Back Waiver Consideration Form

**Name:** \_\_\_\_\_

**Game #** \_\_\_\_\_

**Sport:** \_\_\_\_\_

(varsity, junior varsity, freshman, modified)

**Date of Contest:**

\_\_\_\_\_

**Date of Turn-Back**

\_\_\_\_\_

**Contest Location:**

\_\_\_\_\_

**Reason (Please Explain)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide supporting documentation and attach  
with this form (e.g., medical note, etc.)**