

NJCAA HARDSHIP REQUEST #1

COLLEGE: _____
REGION: _____ **DATE:** _____

Use this form for those hardships which involve injury or illness and results in the student-athlete's inability to complete a full season of athletic competition.

Article V, Section 5.B: Hardship #1 involves an injury or illness which results in the student-athlete's inability to complete a season. Prior to the injury or illness, a student-athlete must not have:

1. Participated in more than 20% of the allowable sport schedule as per the NJCAA Sport Procedures Chart (Appendix B).
2. The injury or illness must also have occurred in the first half of the schedule resulting in the student-athlete being incapacitated for the remainder of the season. A student-athlete must not have participated beyond the mid-point of the allowable sport schedule nor in the postseason.
3. The injury or illness must be season ending in nature.

Parameters:

1. Refer to NJCAA Sport Procedures Chart (Appendix B) for when to use games or dates when determining participation percentages and the season midpoint; e.g. softball uses dates while baseball uses games.
2. In applying the 20 percent limitation, any competition which results in a fractional portion of an event shall be rounded to the next highest whole number; e.g. 20 percent of a 56-game baseball schedule (11.2 games) shall be considered twelve (12) games.
3. Postseason (regional, district or national tournament) games may not be counted as part of the regular season schedule for the purpose of acquiring a hardship.
4. The NJCAA cannot rule on those situations that did not occur at an NJCAA member college.

Name of Student-Athlete: _____ Sport: _____

Date of injury or illness: _____ Last date of competition: _____

Date which the student-athlete was examined by a medical doctor: _____

Opponent during the last date of competition: _____

How many contests did the student-athlete participate during the regular season? (This number includes the contest in which he/she was injured.) _____

What is the percentage that was played by the student-athlete of the allowable sport schedule as per the NJCAA Sport Procedures Chart (Appendix B)? _____

Was this the Student-Athlete's 1st _____ or 2nd _____ season in this sport at the time of the injury? (Mark one.)

The following materials must be included with this form to support your request:

1. A letter of request from the Athletic Director.
2. A copy of the season schedule of completed contests with the student-athlete's participation in each contest indicated on the schedule. If the injury occurred at another NJCAA college or at a non-member college, that college's Athletic Director must confirm in writing the student-athlete's participation.
3. A statement from the medical doctor (on the doctor's letterhead) that evaluated the student-athlete's injury or illness. **The Doctor MUST SIGN THIS FORM.** Your trainer may present additional information, but it can not substitute for the medical doctor's record. This statement must include the dates of the student-athlete's injury or illness.
4. Up-to-date transcript(s) of all post-secondary work for the student-athlete to include all transfer transcripts.
5. Any other information that is pertinent to this case.

I hereby certify that the above information is accurate. It is understood that if this hardship is granted it will only affect the student-athlete's eligibility at an NJCAA member college and is not subject to be honored by another athletic organization.

Athletic Director Signature

Date

Student-Athlete Signature

Date

Student-Athlete Doctor's Signature (Must sign form!!!)

Date

This completed form and supplemental information are to be sent to the NJCAA Office of Eligibility: 1631 Mesa Avenue, Suite B, Colorado Springs, CO 80906. A duplicate copy must also be submitted to your Regional Director.