



Season Ending Injury Form Request to Regain a Year of Eligibility

Form: 40.20.2.7
2022-23

Pursuant to eligibility regulation 40.20.2.6, if a student-athlete suffers a season-ending injury after surpassing current eligibility thresholds outlined in rule 40.10.4.1, they may submit a request, via this form, to regain their year of eligibility. Each request will be subject to the parameters listed in regulation 40.20.2.6. If these parameters are met along with this completed form, and there are no extenuating circumstances as determined by the National Office, the student-athlete shall regain their year of eligibility. In the event the request is determined to have extenuating circumstances, the request shall be forwarded to the Eligibility Committee to be heard as a Compassionate Appeal to determine if the student-athlete shall regain their year of eligibility.

*** Email this completed form to epilon@usports.ca***

1. This section to be completed by the Athletic Director or their Designate

Name of Student-Athlete:

E-Mail of Student-Athlete:

Submitting Institution:

Sport in Question:

Year of Eligibility in Question (example 2017-18):

Injury / illness suffered (please be specific):

Date of the injury or illness that incapacitated the student-athlete (dd/mm/yyyy):

State the number of conference competitions the team participated in during the season:
(conference only; excluding exhibition and playoff competitions)

State the number of competitions the student-athlete participated in (or appeared on a gamesheet):

List all dates and all opponents the student-athlete competed against for the year in question: (conference only; excluding exhibition and playoff competitions)

Date (dd/mon/yyyy)	Opponent

Date (dd/mon/yyyy)	Opponent

List all seasons of competition, including season of injury, that the student-athlete has been charged eligibility, within U SPORTS and other post-secondary jurisdictions. (Example: 2016-17)

- 1
- 2
- 3
- 4
- 5

State the number of academic credits/hours/courses successfully completed during the year in question (please specify credits, hours or courses):

If the number of credit hours successfully completed during year in question is below 18, please explain reasons why:

2. This section to be completed by the Attending Physician (please initial the appropriate boxes)

**YES NO
(initial only)**

1a) Was the student-athlete under medical care prior to the injury or illness that initiated this request?

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1b) If yes, was the student-athlete medically released for participation prior to the injury/illness in question?

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2) Was the injury/illness of such a nature to incapacitate the student-athlete from competing during the remainder of the sport season in question?

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3) On what date did you examine the student-athlete after the injury/illness AND recommend no further competition for the remainder of the season?

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4) When, in your judgement, will the student-athlete be medically fit to return to competitive athletics?

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Physician's Signature

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Physician's Printed Name

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Date

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3. This section to be completed by the Athletic Director or their Designate

I hereby certify that the above information is complete and accurate:

Athletic Director's / Designate's
Signature

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Athletic Director's / Designate's
Printed Name

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Date

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