Learning Disability Disorders/Other Health Impaired (LDD/OHI) Waiver Request

The purpose of this form is to establish the authenticity of an LDD/OHI request and simplify the verification process. The MSCHA Board of Directors has established criteria for such a request. The completion of this form is necessary for approval to participate in league play. This form must be completed and signed in each of the sections below by the appropriate authority. The application deadline is October 1st of the current year.

1. **MSCHA Club Request:** I, _____, an authorized representative of

_____ Hockey Club request that player, _____

be given a waiver to MSCHA Rule 7-G-4, Scholastic Eligibility. I further understand that this request, if

approved. The application deadline is October 1st of the current year.

_____   _____
Authorized Representative   Date   Parent   Date

2. **Professional Certification:** I certify that the above referenced player is under my care. He/She has been

diagnosed by me with _____ and such diagnosis is within the scope

of my professional qualifications. If you have any questions, feel free to contact me at _____.

_____   _____
Authorized Representative   Title   Date

3. **Individual Education Program/Other Health Impaired Certification:**

Currently, _____ is a student at

_____ and under my supervision. He/She has been diagnosed as

LDD/OHI through the Special School District of St. Louis County or the equivalent in St. Charles or Jefferson

County. In conjunction with this School District, he/she has received an Individualized Education Plan/IEP or a

504 Plan. I certify that favorable progress is being made in this program. If you have any questions, feel free to

contact me at _____.   Expiration Date of Current IEP: _____

_____   _____
Authorized Representative   Date   Title   Date

4. **Attach a copy of your most recent semester report card.**

5. **Send completed form and grade card by mail, fax or email to:**

Midstates Hockey League Office
312 Oakmont Farm Drive
Ballwin, MO 63021
Fax: 314-433-4510
Email to: barbcmidstates@att.net