



PSIA-AASI Eastern Region

Medical Waiver Request Form for 2023-2024 Season



TO BE COMPLETED BY MEMBER

Please fill out this form and give to your medical care provider to have them complete the section below.

Member Name _____ Member # _____

Email Address _____ Phone Number _____

Member Signature _____ Date _____

By submitting this form you are acknowledging that you cannot meet the CEU requirements for this 2023-2024 season due to a legitimate medical reason, and therefore are exempt from having to do an on-snow update for this season only.

This information expires June 30, 2024

TO BE COMPLETED BY MEDICAL OFFICE ONLY

Attending Medical Provider _____

Office Address _____

City _____ State _____ Zip _____ Phone Number _____

I have determined that my patient _____ will be or was unable to participate in a one or two day on-snow clinic from _____ to _____ due to injury or illness.

Medical Provider Signature _____ Date _____

Please fax this form to 518.452.6099 or mail it to:

PSIA-AASI Eastern

5 Columbia Circle

Albany, NY 12203

FOR PSIA-AASI OFFICE USE

Date received _____

Initials _____

Email sent _____