

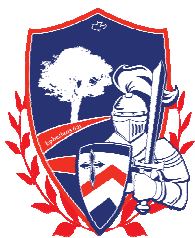


### **Physical Education Opt Out Program**

If your student is enrolled in any team sport or physical activity that fulfills the minimum state requirement for physical education (100 minutes per week) they will be able to go to a study hall room to work on homework, study for upcoming tests etc. instead of going to P.E. Parents will sign a document to advise the lead teacher that their student plans on opting out of P.E. Parents must also have a form signed by their student athlete's coach verifying that the student is signed up for a particular sport and when practice/ games will be. The coach will have to sign again verifying that the student athlete did in fact attend practices and games, and the student will receive full credit towards their P.E. grade for that time period. Any times the student is not currently engaged in a sport they will rejoin the regular P.E. classes.

It is our prayer that by offering this we will allow those students who are engaged in after school "sports" the opportunity to get any homework done before mid week and/or weekend practices/games. We appreciate your patience during this first year trial of this program.

Remember, your activity must: - Be a structured athletic program, or a competitive team sport. Here are a few examples: Activities that ARE accepted for P.E Waiver - A league soccer team, A professional dance company, A martial arts class. Activities NOT accepted for PE Waiver - A dance group you started with friends, A professional trainer, Working out in your neighborhood gym, Playing a game of basketball at a park afterschool with friends.



# PATH CHRISTIAN Academy

*"Put on the full armor of God, so that...you may be able to stand your ground..." Ephesians 6:10-18*

## 2018-2019 OFF-CAMPUS HEALTH FITNESS/PE WAIVER APPLICATION

The complete PE waiver application must be completed, signed and returned by the due date before approval will be considered. Completed packets MUST be turned into the student's lead teacher on or before August 24, 2018 **OR** one week prior to the date a student will be opting out of P.E.

STUDENT NAME \_\_\_\_\_

GRADE (2018-2019) \_\_\_\_\_ LEAD TEACHER \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT'S EMAIL ADDRESS \_\_\_\_\_

ACTIVITY/SPORT \_\_\_\_\_

VENDOR/ FACILITY NAME/LEAGUE \_\_\_\_\_

\_\_\_\_\_ is applying for admission into the PE Waiver Program for (mark all that apply): \_\_\_\_\_ Quarter 1 \_\_\_\_\_ Quarter 2 \_\_\_\_\_ Quarter 3 \_\_\_\_\_ Quarter 4

ALL FORMS MUST BE TURNED IN BY ON OR BEFORE AUGUST 24, 2018 **OR** ONE WEEK PRIOR TO THE DATE A STUDENT WILL BE OPTING OUT OF P.E.

I hereby release PATH Christian Academy, its employees, agents, and the Board of Trustees from all claims of liability in any way attributable to this program, including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is the responsibility of the parent. PCA is not responsible for accident or hospitalization insurance.

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

\_\_\_\_\_  
PE Coordinator's Signature

\_\_\_\_\_  
Lead Teacher Signature

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_



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ACTIVITY/SPORT \_\_\_\_\_

PRACTICE SCHEDULE \_\_\_\_\_

Total number of hours per week (Mon – Fri ONLY): \_\_\_\_\_

Brief description of activity that student is involved in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF FACILITY/COACH \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

COACH'S EMAIL \_\_\_\_\_

The above schedule must be completed, signed/dated by the coach before the application will be processed. The student or coach should notify the student's lead teacher ASAP if a change occurs in the student's practice schedule or facility.

This application is invalid without the coach's signature and date. (Must meet deadline date)

COACH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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I, \_\_\_\_\_, verify that the above student did attend and participated in the above sports program.

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COACH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_