

PHYSICAL EDUCATION OPTION APPLICATION

(complete one waiver for each sport; do not include more than one sport/season on one waiver)

The student must complete this application and return it to **Mr. Carroll** within 10 calendar days following the first official date for coaching and instruction. (OHSAA)

Student Name: _____ Date: _____ Grade: _____

Place a check next to the sport that you are participating in:

_____ baseball	_____ basketball	_____ tennis	_____ softball
_____ cross country	_____ cheerleading	_____ golf	_____ football
_____ volleyball	_____ wrestling	_____ track	_____ bowling
_____ marching band/color guard	_____ swimming	_____ soccer	

PE Exemption for the _____ semester in _____ school year.

Name of coach/adviser: _____

In making this request for exemption from physical education as a graduation requirement, I understand all expectations related to the “two full seasons” requirement.

Student signature

Date

Parent signature

Date

I verify that the student above has successfully completed the season based on “daily participation paralleling the official sport season at a 90% attendance level and completed the season as a member of the team or group.”

Athletic Director signature

Date

Students: submit this completed form to Mr. Carroll.