

NORWAYNE LOCAL SCHOOL DISTRICT

Application for
Physical Education Class Waiver

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's name: _____

Please be informed that I have participated in and completed one or more of the following high school activities for two seasons to serve as a waiver for my Physical Education requirement:

Interscholastic Athletics, Marching Band/Color Guard, or Cheerleading

- I understand that credit will *not* be awarded for this waiver and I will recover the .50 credits through other elective courses.
- I understand that if I am cut, quit, become academically ineligible or removed from a team and do not participate in two additional activities, I will need to complete the Physical Education requirement for graduation.
- I understand that my role as a team manager or student trainer will not count towards this application.

By signing this form, I verify that I have read and understand the criteria regarding the Physical Education Waiver.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please use the back of this form to verify completion of TWO seasons. Forms must be returned to the Athletic Department by the completion of student's junior year. Applications will not be accepted with only one season verified.

For Office Use Only: A.D. Approval: _____ Date received: _____

Verification of Completion Physical Education Class Waiver

INSTRUCTIONS: Please have the coach/director sign and date this form at the completion of the season. Return to the *Athletic Department* AFTER the completion of two qualifying seasons.

Season 1

Name: _____

Date of Participation: _____

Please check activity counting towards waiver:

Fall:

Football Volleyball Cross Country Soccer Golf
 Cheerleading Marching Band/Color Guard Other

Winter:

Boys' Basketball Girls' Basketball Wrestling Cheerleading Other

Spring:

Baseball Softball Tennis Track/Field Other

By signing this form, I verify that the above student has completed ONE season of the above checked activity.

Coach/Band Director Signature: _____ **Date:** _____

Season 2

Date of Participation: _____

Please check activity counting towards waiver:

Fall:

Football Volleyball Cross Country Soccer Golf
 Cheerleading Marching Band/Color Guard

Winter:

Boys' Basketball Girls' Basketball Wrestling Cheerleading

Spring:

Baseball Softball Tennis Track/Field

By signing this form, I verify that the above student has completed ONE season of the above checked activity.

Coach/Band Director Signature: _____ **Date:** _____