

BCSC Physical Education Waiver Application (Grades 9 – 12)

PLEASE PRINT

Student Name:	Last	First	Middle	School
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level (during year of participation)		Counselor
Parent's/Guardian's Name:			Day time phone: ()	
Street Address:			City:	Zip code:
Parent's/Guardian's e-mail address:				

The above named student is applying for approval in the following Physical Education Program as described below.

School Year:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Type of Waiver: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4
Qualifying Activity (Sport/Marching Band):		
Name of Coach/Instructor		Daytime Phone ()
Coach/Instructor's e-mail address:		
FOR CATEGORY 4 - Attach the Physical Education Activity Schedule and Instructor Agreement to this application.		

It is my understanding that the above-named student is applying for a Physical Education waiver and that the student must participate in a physical education activity, under professional supervision, a minimum of ten hours a week for 9 weeks (Category 1,3 &4) or five hours a week for 18 weeks (Category 1,3&4).

Signature of Coach / Instructor:	Date:
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I have carefully read the guidelines for the Physical Education Waiver Program and I agree to comply with those regulations. I hereby release Bartholomew Consolidated School Corporation, its employees, agents, and its Board of Trustees, from 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/guardian or of the private or commercial agency. BCSC is not responsible for accident or hospitalization insurance. For Category 4, I understand that BCSC has no control over the daily activities of the program, quality of the program, or qualifications of the instructor in the program. BCSC does not perform criminal background checks on the Physical Education instructors.

Signature of Student:	Date
Signature of Parent/Guardian:	Date

Note: THIS APPLICATION MUST BE TURNED IN THE FIRST WEEK OF THE SEMESTER FOR WHICH THE WAIVER IS REQUESTED!

For Office Use Only

Signature of PE Waiver Teacher of Record:	Date
Signature of PE/Health Department Coordinator:	Date
Signature of Principal	Date

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Eligible Activities for PE Waiver

(Categories 1 & 3)

SEMESTER 1

- Cheerleading (Football)
- Cross Country (boys & girls)
- Football
- Golf (girls)
- Soccer (boys & girls)
- Tennis (boys)
- Volleyball (girls)
- Marching Band/Color Guard (boys & girls)
- CEHS Dance Class
- Debutante/Music Men (North)
- Show Choir (East)
- Unified Sports

SEMESTER 2

- Basketball (boys & girls)
- Baseball (boys & girls)
- Cheerleading (Basketball)
- Golf (boys)
- Gymnastics
- Softball
- Swimming (boys & girls)
- Tennis (girls)
- Track (boys & girls)
- Wrestling
- Debutante/Music Men (North)
- Show Choir
- Unified Sports

*All sports listed above are IHSAA sponsored.