



WESTERVILLE CITY SCHOOLS PHYSICAL EDUCATION WAIVER APPLICATION

Please complete this form and return it to the Athletic Office prior to the start of the season.

Student's Legal Name _____
(Last) (First) (Middle)

Grade _____ Graduation Year _____ Building _____

Conditions of Application

- This waiver applies to Interscholastic Athletics, Marching Band and Cheerleading.
- I understand that credit will not be awarded for this waiver and I will recover .5 credits through other elective courses.
- I understand that if I am cut, quit, or am 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 participation in the above activities must be completed by the winter season of my senior year.
- I understand that my role as a team manager or student trainer will not count towards this application.

By signing below, I acknowledge my understanding and agreement of the conditions of this application.

Student Signature _____
Date

Parent or Legal Guardian Signature _____
Date

Please complete the back of this form to verify completion of TWO seasons.

**WESTERVILLE CITY SCHOOLS
PHYSICAL EDUCATION WAIVER APPLICATION**

SEASON 1

Name _____ Year of Intended Participation _____

Please check activity counting towards waiver:

FALL

- | | | |
|--|--|---|
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis (Girls) |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Marching Band | <input type="checkbox"/> Volleyball (Girls) |
| <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | |

WINTER

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Swimming/Diving |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Wrestling |

SPRING

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis (Boys) | <input type="checkbox"/> Volleyball (Boys) |

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

Coach/Band Director Signature

Date

SEASON 2

Year of Intended Participation _____

Please check activity counting towards waiver:

FALL

- | | | |
|--|--|---|
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis (Girls) |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Marching Band | <input type="checkbox"/> Volleyball (Girls) |
| <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | |

WINTER

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Swimming/Diving |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Wrestling |

SPRING

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis (Boys) | <input type="checkbox"/> Volleyball (Boys) |

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

Coach/Band Director Signature

Date

Athletic Director Verification

Date