

# PE WAIVER FORM

Student Name (please print)	Grade:	Date:
		For School Year: ____ - ____
Reason for Exemption/Waiver:	<input type="checkbox"/> Athletics (Grade 11 & 12 only)	
	Fall Sports: <i>please circle</i>	Spring Sports: <i>please circle</i>
	Basketball Cross Country Football Golf Soccer (Boys) Tennis (Girls) Volleyball Wrestling <i>Cheer</i> <i>Poms</i> <i>Show Choir</i>	Baseball Basketball Soccer (Girls) Softball Tennis (Boys) Track Wrestling <i>Cheer</i> <i>Poms</i> <i>Show Choir</i>
	Coach or Sponsor Initials _____	Coach or Sponsor Initials _____
	<input type="checkbox"/> Marching Band (Grades 9-12 fall semester only.)	
	<input type="checkbox"/> Work Program, Tech Academy, Transfer Academy	Name of Program: _____
	<input type="checkbox"/> Medical Exemption (*documentation required)	
	<input type="checkbox"/> Requirement for Admission to Higher Education (documentation required)	
	<input type="checkbox"/> Insufficient credits	

**I verify that the above named student completely participated in the listed sport or activity during the present school year and plans to continue participation in the upcoming school year.**

Date: \_\_\_\_\_

\_\_\_\_\_

Coach(s), Counselor, Band Director or Sponsor

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

**RETURN THE COMPLETED FORM TO YOUR COUNSELOR**