



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