APPLICATION FOR
PHYSICAL EDUCATION WAIVER

The student must complete this application and return it to the Bethel High School Athletic Office within 10 calendar days following the first official date for coaching and instruction. Ohio High School Athletic Association, OHSAA)

Student Name: _____ Year: _____

Student ID#: _____ Grade: _____

To fulfill my Physical Education requirement I plan to participate in the following activity: (please indicate with check mark)

_____ Baseball _____ Basketball _____ Cheerleading _____ Cross Country

_____ Football _____ Golf _____ Soccer _____ Softball

_____ Swimming _____ Track _____ Volleyball

_____ Marching Band

P.E. exemption requested for the _____semester in _____school year.

NAME of advisor or coach:_____

In making this request for exemption from physical education as a graduation requirement, I understand all the expectations related to the "two full seasons" requirement.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

I verify the student above has successfully completed the season based on "daily participation paralleling the official sport season at a 90% attendance level and completed the season as a member of the team or group."

_____ _____ _____
Coach/Advisor Signature Date Contact phone number