

# ARCHBISHOP HOBAN HIGH SCHOOL



## Physical Education Waiver Application Form

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

By my initials below, I understand that the following requirements must be fulfilled in order to receive the Physical Education Waiver from Archbishop Hoban High School and fulfill the State of Ohio graduation requirement of one-half credit of physical education.

### STUDENT, PLEASE INITIAL AFTER EACH STATEMENT

I must complete TWO full seasons of an approved interscholastic athletic sport, cheerleading, or dance team.

\_\_\_\_\_

I understand that a full season is defined as one sport season (fall, winter, or spring) that begins with the established OHSAA season start date.

\_\_\_\_\_

I understand that if I am cut from the team, am ruled injured, quit the team, am ruled ineligible during the season, or have a violation of our athletic code during the season, the waiver applied for that season will no longer be valid.

\_\_\_\_\_

I understand that by receiving this waiver, I will need to complete one additional half-credit elective course and it will be noted on my transcript that I have completed the Physical Education requirement via waiver.

\_\_\_\_\_

I understand participation in interscholastic athletics, cheerleading, and dance team is a privilege and not a right. This policy shall not in any way be construed as granting me the right to participate in such school sponsored activities.

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student: Stop here and return this completed form to your counselor.**

### For Office Use Only

*This student has fulfilled the requirements of the Physical Education Waiver.*

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Principal/Counselor Signature: \_\_\_\_\_ Date \_\_\_\_\_