

Providence Christian School of Texas

Off-Campus Alternative Sports Program Classes Six, Seven and Eight

The goals of Providence Christian School Athletic program are multi-faceted. They include, but are not limited to:

- The development of Christian Character
- The development of motor skills
- The allowance for daily physical exercise
- The increased knowledge of physical fitness
- The creation of healthy competition
- The development of a coachable athlete
- The development of specific sport skills

We acknowledge that the school cannot provide all sports, at all levels, for all student athletes, and we do desire to support them in their off-campus athletic endeavors. With this as a goal, the Alternative Sports (A.S) program allows students to gain credit for their off-campus sports and to have an early release at 1:45 p.m. in lieu of their regularly scheduled class. All A.S. students must qualify under the following regulations:

1. The school will provide a study hall for A.S. children from 1:40 p.m. until the 2:40 p.m. carpool. If the student cannot be picked up at 1:45 p.m., they will be required to attend this study hall period.
2. The off-campus sport must be a sport in which Providence does not offer during the regular school year. These sports or activities will be limited to swim, competitive cheer, select soccer, softball, baseball, lacrosse, or other sports and activities approved by the Director of Athletics.
3. No athlete may substitute a sport offered by Providence in season with the same sport (select sport or other) unless approved by the Director of Athletics. Students will be allowed to participate in a select sport while competing in a Providence sport, but the focus and loyalty must be with the Providence in season sport.
4. The student must practice or play in competition for a minimum of seven hours per week for Middle School credit. This includes travel to and from practices and games.

5. The student must be coached and participate in an organized league. Parents can be the coach *as long as the participation and competition is part of a league or sports organization* and the parent is coaching other athletes as well.

6. The student contract must be signed by the coach (in charge of sport/activity), parent, and student, and returned with the rest of the application. The parent and student must meet or talk over the phone with the Director of Athletics before approval is granted.

7. The student must document weekly progress on the A.S. Monthly Verification form and submit it to the Athletic Administrative Assistant every first Thursday of the month. *Failure to turn in the completed forms signed by a parent and coach will result in a six-point deduction from the student's grade.*

8. If at any time the practice schedule changes, the Athletic Administrative Assistant needs to be notified immediately.

9. The Director of Athletics may check in on a practice or game at any time during the athletic season. Students not complying with the agreement will be dropped from the Alternate Sports Program and re-enrolled in Providence Strength and Conditioning Class.

10. Please keep in mind that the Athletic Banquet at the end of the year will be for the students that have participated on Providence Teams.

11. Once the student has committed to the A.S. program and has been approved by the Athletic Director, the student will not be allowed to switch to a Providence Sport or to the Strength and Conditioning Class until the next semester.

We understand and agree to the rules and regulations regarding the Alternate Sports Program at Providence Christian School. We understand that there must be a minimum of seven hours of practice and games per week and that any sport offered by Providence that is the sport a student is participating in A.S. will take priority over the A.S. sport in season.

Parent signature

Athlete Signature

Director of Athletics

Date

Providence Christian School of Texas

Off-Campus Alternative Sports Program Contract

I, _____, have chosen to participate in the Alternative Sports Program at Providence Christian School of Texas.

I commit to continuously working toward the goal of top physical fitness. I agree to work at the allocated practice times as scheduled after school for the specified amount of time. I understand that being excused from class and being a member of the Alternative Sports Program is a privilege that may be taken away if I abuse or fail to comply with the program.

I understand that it is my responsibility to submit the Monthly Verification Form to the Athletic Administrative Assistant on the **first Thursday of each month**. I further understand that failure to submit these documents monthly will result in a deduction of 6 points from the A.S. grade.

I understand that I will be released from school Monday-Friday at 1:45 p.m. (Class Six) and Monday to Wednesday at 1:45 p.m. (Class Seven and Eight) and that my parents will assume responsibility for me at that time. A study hall will be available for those who must remain at school until the 2:40 p.m. carpool release.

I choose to participate in the Alternative Sports Program. I have prayerfully considered my choice and have discussed it with my parents. To the best of my ability, I have made the choice that will be enjoyable for me and manageable for my family. I realize that my choice cannot be changed without the approval of the Director of Athletics. I further understand that the decision of the Director of Athletics is final.

"Please keep in mind that the Athletic Banquet at the end of the year will be for the students that have participated on Providence teams."

Student Signature

Date:

Parent/Guardian Signature and Phone Number

Ph#

Director of Athletics

Providence Christian School of Texas
Off-Campus Alternative Sports Program Application

Student's Name: _____ Grade: _____

Parent's Name: _____

Home Phone Number: _____

Parent's Email Address: _____

Daytime Phone Number Where a Parent Can Be Reached: _____

Activity: _____

Site of Activity: _____

Address of Facility: _____

Phone Number of Facility: _____

Supervisor's Name and Title: _____

Phone Number Where Supervisor Can Be Reached: _____

Daily Account of Planned Activity:

Monday: _____ # of hours _____

Tuesday: _____ # of hours _____

Wednesday: _____ # of hours _____

Thursday: _____ # of hours _____

Friday: _____ # of hours _____

Date: _____