

**Santa Barbara Unified School District**  
**Independent Study Physical Education (ISPE)**

**Criteria and Guidelines**

To qualify for ISPE a student must have a Grade Point Average (GPA) of 2.0 and no conduct violations. In addition, the student must meet the following criteria:

*The student is an exceptionally gifted athlete who is competing at a state or national competition level. A student participating in a non-ranked activity must be in advanced level courses.*

1. Students must provide a portfolio which include applicable evidence for meeting ISPE criteria such as: official competition records, results, or rankings; a calendar of competitive events; evidence of membership in an official league or athletic organization; copies of performance contracts; lists of competitive dance pieces; lists of advanced level course enrollment, or any other evidence of advancing rank.
2. The supervised instruction requirement which includes training and competition or performance and must be a minimum of fifteen hours every two weeks.
3. The parent will be required to sign a Parent Release of Liability Form which holds the District harmless from any liability or claims as a result of the ISPE program.
4. All ISPE instructors/coaches are to provide insurance verification and the hold harmless agreement provided in this packet.
5. All Students in grade 7 and 9 are required to complete the California Education Department's physical education fitness test at the same time as all the other students in these grades. It will be the responsibility of the student applicant to insure that he/she notifies the physical education department chair to arrange for their participation in the state mandated testing program. The student is required to complete the test before credit for ISPE will be granted.
6. Students must receive at least a passing score on the CA Physical Fitness Test in either 7<sup>th</sup> or 9<sup>th</sup> grade tests to be eligible to participate in the ISPE program.
7. Students in grades 11 and 12 who have completed their four semesters of physical education credit for graduation may take ISPE as an elective if they meet the criteria for participating in ISPE.
8. Students will not be enrolled in an additional elective course to replace the regular physical education class.
9. The parent/guardian agrees to undertake all transportation of the student to and from ISPE. The District will not provide transportation.

While the schools will establish certain requirements in implementing this policy, the Santa Barbara Unified School District and its schools are not responsible for the quality or conditions of instruction conducted off school premises in the ISPE program.

**Santa Barbara Unified School District**  
**Independent Study Physical Education (ISPE)**  
**Checklist**

The following items must be on file before your Independent Study application is complete. The application deadline is March 1 before the school year for which the contract applies.

- 1) A parent/guardian letter of request stating the reason(s) a release is needed from the school physical education program
- 2) The signed ISPE contract
- 3) Student goals sheet
- 4) Coach/instructor's statement of responsibility
- 5) Coach/instructor's Hold Harmless Agreement and Certificate of Insurance
- 6) Parent/guardian Release of Liability form
- 7) A portfolio is required for all students who wish to qualify.  
The following is to be included in the portfolio:
  - Items (1) through (6)
  - Applicable evidence for meeting ISPE criteria such as:
    - Official competition records, results, ranking (state or national level)
    - Copy of organization membership card or equivalent
    - Calendar of competitive events or performances/contracts
    - Lists of competitive dance pieces
    - Lists of advanced level course enrollment
    - Other evidence of advancing rank or high level of performance, including scores within the "Healthy Fitness Zone", or better, on four out of the six components of the CA Physical Fitness Test.
- (8) Inter-scholastic Team Sports Physical

**Santa Barbara Unified School District**  
**Independent Study Physical Education (ISPE)**

**Student Contract**

The application deadline is March 1 before the school year for which the contract applies.

**ISPE Requested for:**

Student I.D. # \_\_\_\_\_

Fall \_\_\_\_\_

Spring \_\_\_\_\_

Both \_\_\_\_\_

**Activity:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Business phone: \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Teacher/Coach/Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name (if appropriate): \_\_\_\_\_ E-mail: \_\_\_\_\_

Business address: \_\_\_\_\_

Location of formal instruction: \_\_\_\_\_

Coach/Instructor's method of evaluation: \_\_\_ Test \_\_\_ Demonstration of Skills \_\_\_ Oral Presentation \_\_\_

\_\_\_ Logs Observation

Other: \_\_\_\_\_

**Signatures: (We have read the terms of this contract and hereby agree to all the conditions set forth)**

1. Student: \_\_\_\_\_ Date: \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

3. Teacher/Instructor/Coach: \_\_\_\_\_ Date: \_\_\_\_\_

4. P.E. Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

*Completed contracts will be approved/denied by the ISPE Coordinator*

**Santa Barbara Unified School District**  
**Independent Study Physical Education (ISPE)**  
**Student Goals**

Statement of performance objectives: (What do you plan to achieve during the time of this contract?)

**Please list your specific, measurable goals:**

Goals	Learning Activities
1.	
2.	
3.	
4.	
5.	

*Note: For one ISPE course, the student must work with supervised instruction for a minimum of 15 hours every two weeks.*

Please indicate below how you plan to fulfill this time obligation:

Day	Activity	Specific Workout Routine Details	Daily Schedule	Time	Practice Location	Total # of Hours

Total time in hours every week: \_\_\_\_\_

**Santa Barbara Unified School District**  
**Independent Study Physical Education (ISPE)**  
**Instructor's Statement of Responsibility**

The outside independent agency/instructor/coach must submit this completed form and meet specific District criteria related to liability prior to being approved as an independent study agency for a student. The supervision of ISPE activities must be performed by a coach who is at least 21 years of age, who has a certificate or credential in that activity, or who has participated for at least 4 years at a collegiate/world class level in that activity. As such, you are required to describe your background and experience that qualify you or your agency for training at this level. This must be attached to this "Instructor's Statement of Responsibility". Please also attach a résumé for the instructor who will be doing the training.

I understand the concept of the Independent Study Physical Education program and accept the responsibility as \_\_\_\_\_ (Student's name) coach. I understand the requirements associated with this request to provide ISPE to students in the Santa Barbara Unified School District in the conduct of this program. We agree to assume all responsibility for \_\_\_\_\_. (Student's name)

I will PERSONALLY instruct this athlete for a minimum of 15 hours every two (2) weeks. In addition, I will sign his/her time logs, as well as PERSONALLY write and sign his/her quarter and semester evaluations which will include a one page statement evaluating the athlete's participation and progress towards stated goals and objectives. If there are any questions regarding the ISPE program, or your athlete, please contact the ISPE Coordinator at the athlete's school site.

Dated: \_\_\_\_\_

Agency/Instructor/Coach's name \_\_\_\_\_ Phone number \_\_\_\_\_

Agency/Instructor/Coach's signature \_\_\_\_\_

Athlete's name \_\_\_\_\_

**Santa Barbara Unified School District**  
**Independent Study Physical Education**  
**Hold Harmless Agreement**

\_\_\_\_\_ (Agency/Instructor/Coach) hereby agrees to defend, indemnify and hold the Santa Barbara Unified School District (SBUSD), its directors, officers, agents, employees and individual members, free and harmless from and against any and all liability, claims, demands, causes of action at law or equity, expenses and costs (including attorneys' fees), or loss of any sort of personal injury (including death) and property damage that may arise during or because in any way by such use, operation, occupancy, acts, omissions, and/or condition of premises under Independent Study Physical Education (ISPE) Program participation.

**For high risk level activities (See ISPE Insurance Requirements Addendum A):**

\_\_\_\_\_ (Agency/Instructor/Coach) further agrees, pursuant to the hold harmless agreement above, to procure and maintain at its sole expense Commercial General Liability insurance naming the Santa Barbara Unified School District, its Board of Trustees, officers, employees as additional insured, with limits **no less than \$2,000,000** combined single limit *per* occurrence for personal injury and/or property damage.

**For low risk level activities (See ISPE Insurance Requirements Addendum A):**

\_\_\_\_\_ (Agency/Instructor/Coach) further agrees, pursuant to the hold harmless agreement above, to procure and maintain at its sole expense Commercial General Liability insurance naming the Santa Barbara Unified School District, its Board of Trustees, officers, employees as additional insured, with limits **no less than \$1,000,000** combined single limit *per* occurrence for personal injury and/or property damage.

**For agencies providing either low or high risk level activities:**

\_\_\_\_\_ (Agency/Instructor/Coach) shall provide the SBUSD with the appropriate certificate of insurance (Accord Form 26-S) *and* additional insured endorsement form (ISO CG 2026) evidencing all required coverage, understands and agrees that he/she and all of his/her employees or agents shall not be considered officers, employees or agents of the Santa Barbara Unified School District, as they relate to the Independent Study Physical Education program.

**The insurance certificate and endorsement form should be sent to:**

**Santa Barbara Unified School District**  
**C/O Business Office**  
**720 Santa Barbara St., Santa Barbara, CA 93101**

BY: \_\_\_\_\_  
Representative/Instructor/Coach

DATE: \_\_\_\_\_ (Agency

# Santa Barbara Unified School District

## Parent Release of Liability and Assumption of Risk Agreement For Independent Study Physical Education Program Participation

**This is a release of liability and assumption of risk agreement. Read it carefully and sign below.**

Completion of this release is a prerequisite to participation in Independent Study Physical Education Program. This release essentially says the student named below is going to participate in an Independent Study Physical Education Program which involves inherent risks to participants. If he/she is hurt, injured, or even dies, you (i.e., the student, parents and heirs) will not make a claim against or sue the Santa Barbara Unified School District, its Board of Trustees, officers, employees, volunteers, and agents, or expect them to be responsible or pay for any damages.

We, the undersigned, understand and acknowledge that \_\_\_\_\_ (Name of Student) has voluntarily chosen to participate in an Independent Study Physical Education Program. We know and fully understand that any physical education activity, including, but not limited to, \_\_\_\_\_ (Name of Activity), involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all athletic activities and sports have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by players, instructors, coaches, trainers, or other staff. Furthermore, we understand that while the school district may establish certain requirements in implementing the Independent Study Physical Education Program, neither the District nor its schools are responsible for the quality or conditions of instruction involved with this program in that it involves physical activities which are off of school district premises and are not organized or supervised by the school district. We acknowledge and willingly assume all risks and hazards of potential injury and death which may arise out of participation in this Independent Study Physical Education Program, including any transportation to or from any such program.

\_\_\_\_\_’s (Name of Student) participation in this Independent Study Physical Education Program is purely voluntary and it is being done at his/her own risk. In consideration for Santa Barbara Unified School District allowing the above-named student to participate in this Independent Study Physical Education Program, we voluntarily agree to release, waive, discharge, and hold harmless Santa Barbara Unified School District, its Board of Trustees, officers, employees, volunteers, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury, death and damages of any nature in any way connected with the student’s participation in this program. We also expressly agree to release and discharge Santa Barbara Unified School District, its Board of Trustees, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this Independent Study Physical Education Program, and I sign this release on his/her behalf. In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies, or his/her property is damaged, I am giving up the student’s right and the rights of the parents and heirs to make a claim or file a lawsuit against Santa Barbara Unified School District, its Board of Trustees, officers, employees, volunteers, and agents. California Law provides as follows: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death, occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions, shall sign a statement waiving such claims.” (Education Code Section 35330)

*WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS INDEPENDENT STUDY PHYSICAL EDUCATION PROGRAM. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE PROGRAM AND ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.*

Student/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## **Santa Barbara Unified School District**

### **Independent Study Physical Education (ISPE)**

#### **Course Requirements**

1. The student shall participate in instruction, which may include competition or performance, for a minimum of fifteen hours every two weeks.
2. ISPE logs must be submitted indicating days and hours of instruction. Logs must be signed by your instructor and parent. Logs are available from your ISPE coordinator. On the Wednesday of the last week of the quarter/term, a one-page paper is due from the student indicating his/her self-evaluation of progress toward stated goals. In addition, a one-half page statement personally written and signed by the ISPE coach/instructor is due which indicates that satisfactory progress is being made toward the goals.
3. On the Wednesday of the last week of the semester, a two-page paper is due which must include: (a) the student's evaluation of his/her success in attaining the stated goals and objectives, answers to the questions on the report form relative to the student's sport/activity, and a statement indicating future goals if the student intends to continue the same activity for an additional semester, and (b) a one-page statement personally written and signed by the ISPE coach/instructor evaluating the student's semester participation and progress.
4. All second semester grade 7 and 9 ISPE students must make arrangements with the ISPE coordinator to take the state mandated California Physical Fitness test. The results of such tests must be recorded, signed and dated by the physical education instructor administering the test. This information must be turned in during the second semester.

#### **Dropping an Independent Study P.E. Course**

1. A student may drop a class anytime during the first four weeks of a semester (two weeks for the 4 X 4 schedule) without a grading penalty on the student transcript, if approved by the parent/guardian and school counselor.
2. After the fourth week (second week for the 4 X 4 schedule) of the semester a student who drops a class will receive a withdraw/no credit on the student transcript.
3. No class may be dropped within 30 school days (15 days for the 4 X 4 schedule) of the final marking period, nor may any class be added for transfer units within 30 school days (15 days for the 4 X 4 schedule) of the final marking period.



# C.I.F. ATHLETIC PARTICIPATION HEALTH FORM

## SANTA BARBARA UNIFIED SCHOOL DISTRICT

### HEALTH SERVICES

#### STUDENT INFORMATION (To be completed by student. Parent signature required)

Name First/Primer: \_\_\_\_\_ Last/Apellido \_\_\_\_\_

Address Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

**HISTORY:**

1. Have you had - (circle IF YES) allergies, asthma, seizures, heart murmur, a broken bone, diabetes, surgery or hospitalization:  
Explain \_\_\_\_\_
2. Do you wear corrective lenses during sports? YES \_\_\_\_\_ Glasses or Contacts NO \_\_\_\_\_
3. Is your hearing normal? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you take any medications? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, what? \_\_\_\_\_
5. Please note any other medical information that school personnel may need to know: \_\_\_\_\_

Parent/Guardian Permission for EXAM: \_\_\_\_\_ Date: \_\_\_\_\_

**ORIGINAL MUST BE RETURNED TO SCHOOL  
PHYSICAL EXAMINATION  
(MUST be completed by MD, DO, PA, or NP)**

Exam Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_\_

**CODE: 0 = Negative      X = Positive      NE = No Examination**

1. Ears, Nose, Throat	8. Musculoskeletal Evaluation
2. Eyes - Pupil Equal Reactive	8.1 Flexibility/Stability of Joints
Symmetry of Eye Movement	Gait      Hand
3. Dental - Missing Teeth	Knee bend
Chipped Teeth	8.2 Spine - Scoliosis
Removable Teeth	8.3 Swelling of Joints
Orthodontia	8.4 Muscular Weakness
4. Lungs	8.5 Atrophy
5. Heart	Thigh      Shoulder Girdle
6. Abdomen	Calf      Arm
7. Hernia	9. Incoordination/Loss of Balance

Additional findings, comments and/or recommendations: \_\_\_\_\_

“I certify that I have on this date examined this student and that on the basis of the exam requested by the school authorities and the student’s medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.”

IF STUDENT IS NOT MEDICALLY FIT TO PARTICIPATE IN ATHLETICS OR IF THERE ARE EXCEPTIONS TO THE ABOVE STATEMENT, EXAMINING PHYSICIAN SHOULD INDICATE ABOVE.

Signature of Examining Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Agency: \_\_\_\_\_

## Independent Study Physical Education Insurance Requirements

### Low Risk Independent Study Physical Education Activities

ISPE activities requiring a **\$1M** commercial general liability policy *and* include the Santa Barbara Unified School District as additional insured:

- Bowling
- Dance (e.g. ballet, tap, swing, hip-hop)
- Golf
- Gymnastics
- Ice skating
- Soccer
- Swim
- Tennis
- Water Polo

### High Risk Independent Study Physical Education Activities

ISPE activities requiring a **\$2M** commercial general liability policy *and* include the Santa Barbara Unified School District as additional insured:

- Aerial Dance
- Archery
- Bicycle (e.g. BMX, racing, jumping, mountain)
- Boating
- Bob-sledding
- Boxing
- Brazilian Jiu Jitsu
- Equestrian
- Fencing
- Hockey
- Martial Arts
- Parasailing
- Rock climbing (including indoors)
- Roller blading
- Sailing
- Skiing
- Surfing