



PIEDMONT

UNIFIED SCHOOL DISTRICT

Independent Study Physical Education

Application Form

Last Name:		First Name:
Grade:	School Year:	Duration (circle one): Semester 1 Semester 2
Sport/Activity:		Sponsoring Organization:
Instructor/Coach Name:		Sponsoring Organization Address:
Instructor/Coach Email:		Instructor/Coach Phone Number:

General Objectives (to be filled-out by Instructor/Coach):

Describe the number and length of workouts per week, location of activities, list of competitions and/or new skill achievement goals.

Independent Study Physical Education

Application Form

Verifying Signatures

Student's Responsibility (to be completed by the student)

I understand that it is my responsibility to attend the activity as outlined for an average of 15 hours per week and meet the standards as expected by the instructor. I understand that I must submit the daily *Independent Study Physical Education – Attendance Record* for each grading period to the PHS Counseling Office by Tuesday of the week in which the quarter/semester ends. **I UNDERSTAND THAT I WILL LOSE ALL OURS EARNED AND RECEIVE A “FAIL” (0 CREDITS) IF I LEAVE THE PROGRAM FOR ANY REASON WITHOUT IMMEDIATELY NOTIFYING THE PHS COUNSELING OFFICE, AND THAT NOTIFICATION MAY STILL RESULT IN A “FAIL” AND/OR PLACEMENT IN A PE CLASS.**

Student Signature

Date

Parent/Guardian Responsibility (to be completed by the parent/guardian)

I acknowledge that the District does not investigate the site of the activities of any program to assess potential for injury. I accept full responsibility for any injury that might occur in this activity, and agree to hold harmless and indemnify the District and its officers and employees. I am aware that, if my son/daughter fails to meet the attendance requirements set by the Piedmont Unified School District, the standards set by the instructor, and the average of 15 hours per week, he/she will not meet the quarter/semester requirement for P.E. nor receive credit. **I further understand that credit is Pass/Fail and completion will not receive a letter grade.**

Parent/Guardian Signature

Date

Instructor/Coach Approval (to be completed by the outside activity instructor/coach)

I certify the above-named student attends, participates in, and meets the standards of the activity set by the instructor/coach. I am also accepting the responsibility for verifying attendance and hours of participation in which I personally supervise all of the student's activity.

Instructor/Coach Signature

Date

The above signatures declare, under penalty of perjury, under the laws of California, that the information provided herein is true and correct and that, if called upon to testify, all signing parties would be competent to testify.



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Independent Study Physical Education

Instructor/Coach Qualifications Form

Last Name:		First Name:
Phone:	Email:	Sponsoring Organization:
Sport/Activity:		Sponsoring Organization Address:

1. Describe the training that prepared you to supervise this activity.

2. Describe your experience in supervising students in this activity.

3. In what current position are you employed which qualifies you to supervise this student?

Please attach to this form, a copy of:

- Proof of certification by regional, state, or national coaching organization
- Proof of up-to-date First Aid/CPR certification

PLEASE NOTE: The trained instructor/coach who submits proof of First Aid/CPR certification must be in attendance during ALL student rehearsals and activities.



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Independent Study Physical Education

Attendance Record

Last Name:		First Name:	
Grade:	School Year:	Duration (circle one): Semester 1 Semester 2	

Date	Training Activity	Time		# of hours	Coach/Instructor Signature
		Begin	End		

Total Number of Hours: _____ (average of 15 hours per week required)

Supplemental Attendance Record may be attached.

_____ / _____

Student Signature Date

_____ / _____

Parent Signature Date

_____ / _____

Instructor/Coach Signature Date

_____ / _____

Administrator Signature Date

To be completed and signed by the outside activity instructor/coach, student, and parent. Student should return the completed form to the PHS Counseling Office each grading period by Tuesday of the week in which the quarter/semester ends. The administration signs completed forms upon receipt.



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Independent Study Physical Education Supplemental Attendance Record

Date	Training Activity	Time		# of hours	Coach/Instructor Signature
		Begin	End		

Total Number of Hours: _____ (average of 15 hours per week required)

_____/_____
Student Signature Date

_____/_____
Parent Signature Date

_____/_____
Instructor/Coach Signature Date

_____/_____
Administrator Signature Date

To be completed and signed by the outside activity instructor/coach, student, and parent. **MUST BE ATTACHED TO THE INDEPENDET STUDY PHYSICAL EDUCATION ATTENDANCE RECORD.** Student should return the completed form to the PHS Counseling Office each grading period by Tuesday of the week in which the quarter/semester ends. The administration signs completed forms upon receipt.