



# Verification of Participation for Personal Fitness Waiver

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Select the Option that applies and complete as directed below:

**GHSA Sport or Marching Band**

**Sport or Marching Band:** \_\_\_\_\_ **Circle: Varsity or JV**

**Season Start Date:** \_\_\_\_\_ **Season End Date:** \_\_\_\_\_

By signing below, I verify that this student has completed one full season of a GHSA sport. Student played entire season, dates indicated above; participated in practices, and was present at competitions.

\_\_\_\_\_  
Coach/Director Name and Signature

\_\_\_\_\_  
Date

**Non-GHSA**

Name of Sport: \_\_\_\_\_ Organization: \_\_\_\_\_

Season Start Date: \_\_\_\_\_ Season End Date: \_\_\_\_\_

By signing below, I verify that this student has completed one full season of a non-GHSA sport. Student played entire season, including regular practices and competitions (practice schedule and record of participation attached).

\_\_\_\_\_  
Coach/Director Name and Signature

\_\_\_\_\_  
Date

**0.5 Credit of Dance, Cirque or Physical Education Electives**

I request that the 0.5 elective credit the student has earned for Dance, Cirque or PE which is listed on his/her transcript be used to satisfy the requirement for Personal Fitness Waiver.

**Parent/Guardian signature below denotes permission to apply for the Personal Fitness Waiver using one of the selected options above. No grade or credit is granted for the Waiver. Student needs to take an additional 0.5 credit in the elective area to satisfy the graduation requirement.**

\_\_\_\_\_  
Parent/Guardian Name and Signature

\_\_\_\_\_  
Date