



Princeton High School Office of Athletics  
 151 Moore St., Princeton, New Jersey 08540 t 609.806.4290

### Option II Physical Activity Proof of Enrollment Form

All Option II applicants who are *applying for pathways B, C, D, or E* are required to properly complete the form below and upload it at the time you submit your online Option II application for the 2024-2025 school year.

Please circle the pathway you are applying for: B C D E

Please select the New Jersey State Interscholastic Athletic Association high school season(s) when you will be completing your required minimum of 150 minutes of physical activity with your previously approved Option II sponsoring institution.

- \_\_\_ 2024 Fall: Aug. 19th thru Nov. 24th
- \_\_\_ 2024-25 Winter: Nov. 25th thru March 9th
- \_\_\_ 2025 Spring: March 10th thru June 15th

Please circle your previously approved Option II sponsoring institution:

ATA Legacy Martial Arts	Match Fit Academy	Princeton Junior Squash
Ballet Central New Jersey	Metro Area LifeTime Swimming	Princeton National Rowing Association
CARU Entertainment Dance Complex	Nassau Tennis Club	Princeton Piranha Swim Team
Dance Factory School of Dance	NJ Rockets Sport Group (Ice Hockey)	Princeton Tigers Aquatic Club Diving
EEX Eastern Express Swim Team	Peddie Aquatic Association	Princeton Tigers Aquatic Club Swimming
Gymland School of Gymnastics	Player Development Academy (PDA)	Princeton Volleyball Club
Hamilton Aquatics Swim Team	Princeton Ballet School	Red Bulls Youth Academy
Lifetime Swim Team	Princeton Dance & Theater Studio	White Waters Swim Team
Marc Hill Tennis Academy	Princeton Futbol Club	X-Cell Swim Team

*Note: Only one institution can be selected for the duration of the 2024-2025 school year. If you would like to get a new institution approved as a sponsoring organization please contact the PPS K-12 Supervisor of Health & Physical Education.*

Your sponsoring coaches signature below indicates that they accept the responsibility for ensuring your 150 minutes of physical activity during your out-of-district experience for the NJSIAA seasons selected above.

Sponsoring Coach Name: \_\_\_\_\_ Mobile Phone# \_\_\_\_\_

Sponsoring Coach Email Address: \_\_\_\_\_

Sponsoring Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student-Athlete Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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