



Student Name:		Student ID:
Current Grade: 9 10 11 12	School Year:	Date:

Waiver Type

- | | | |
|---|---------------------------------------|--|
| ☐ Activity Waiver | ☐ Show Choir | ☐ Academic Waiver |
| ☐ Baseball | ☐ Soccer | ☐ Medical Waiver |
| ☐ Basketball | ☐ Softball | ☐ Religious Waiver |
| ☐ Bowling | ☐ Swimming | ☐ Work-Based Learning (WBL) Waiver |
| ☐ Cheerleading | ☐ Tennis | |
| ☐ Cross Country | ☐ Track | |
| ☐ Dance Team | ☐ Volleyball | |
| ☐ Football | ☐ Wrestling | |
| ☐ Golf | ☐ Other: _____ | |
| ☐ Marchmasters | | |

To qualify for an activity waiver, the activity must be:

- sponsored by the school or district,
- supervised by appropriately licensed and endorsed staff, and
- require 1800 minutes of physical activity per academic year.

If the activity is not supervised by an appropriately licensed and endorsed employee, it does not qualify. If a student withdraws from the activity, the student must enroll in Physical Education.

Please turn this completed waiver form into your assigned school counselor. Waiver applications are reviewed by counselors and approved by the building principal.

Signature of Student:	Date:
Signature of Parent/Guardian:	
Signature of School Counselor:	
Signature of Activity Sponsor/Coach/WBL Coordinator (for Activity/WBL Waiver):	
Signature of School Nurse (for Medical Waiver):	
Signature of Building Principal:	