



CAMBRIDGE HIGH SCHOOL

Personal Fitness Waiver

Student Name: _____

Student ID Number: _____ Grade: _____

Complete appropriate section below

All forms are required to include parent/guardian signature below

GHSA SPORT OR MARCHING BAND

Name of Sport or Marching Band: _____

Level (Circle): Varsity or JV Season Start Date: / / 20 Season End Date: / / 20

Coach/Director Name _____

Coach/Director Signature _____ Date: / / 20

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

NON-GHSA SPORT

Name of Sport: _____

Organization: _____

Season Start Date: / / 20

Season End Date: / / 20

Coach/Director Name _____

Coach/Director Signature _____ Date: / / 20

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

0.5 CREDIT OF DANCE, CIRQUE OR PHYSICAL EDUCATION ELECTIVES

Name of Class: _____

Semester (Circle): Fall Spring

Year: 20

PARENT/GUARDIAN NAME AND SIGNATURE

Parent/Guardian signature below denotes permission to apply for the Personal Fitness Waiver.

Student needs to take an additional 0.5 credit in the elective area to satisfy the graduation requirement. Form will not be accepted without parent/guardian signature.

Parent/Guardian Name _____ Date: / / 20

Parent/Guardian Signature _____