

**SNOQUALMIE VALLEY SCHOOL DISTRICT
REQUEST FOR DIRECTED ATHLETICS PE WAIVER
FOR PARTICIPATION IN COMMUNITY BASED ACTIVITY
EFFECTIVE FALL OF 2020**

Student Name: _____ Date of Application: _____

Address/Zip Code: _____ Home Phone # _____

Year of Graduation _____ SVSD Student ID# _____

The requirements and process for submission are on the reverse of this form.

I am requesting that my participation in two sports seasons of _____ be used to waive a 0.5 Physical Education semester credit requirement for the Snoqualmie Valley School District.

Date: _____ *Student Signature* _____

Parent/Guardian Signature _____

VERIFICATION:

I verify that the above named student has successfully completed and fulfilled all the requirements listed on the reverse of this form as a participant in:

_____ as a member of _____ from/to _____ from/to _____
(Sport/Activity) (Organization) (Duration of each season)

Date: _____ *Community Coach Name* : _____

Community Coach Signature: _____ *Coach email*: _____

This form, registration verification, and Activity Time Log have been reviewed by the school counselor. The student request meets all of the requirements on the reverse of this form to obtain 0.5 Physical Education waiver for participation in a community based activity.

Athletic Director Name: _____ AD Signature: _____ Date: _____

Counselor Name: _____ Counselor Signature: _____ Date: _____

Principal Approval: Name: _____ **Signature:** _____

Date: _____

Student has demonstrated proficiency in the knowledge portion of the fitness requirement.

Successful completion of Fit for Life course. OR

Met proficiency on classroom based assessment.

School Counselor Signature _____ Date: _____

Received/Recorded by, High School Registrar.

Date: _____ *Registrar Signature* _____

Original: Registrar

Copy: Counselor

Copy: PE Department Head

Copy: Student/Family

REQUIREMENTS TO COMPLETE A DIRECTED ATHLETICS WAIVER REQUEST FOR PARTICIPATION IN COMMUNITY BASED ACTIVITIES

In accordance with Snoqualmie Valley School District Policy 2410 (Graduation Requirements), students may be excused from a maximum of .5 credit toward the PE/Fitness credit requirement for participation in two seasons of the same community based athletic activity upon meeting all of the following requirements:

- Participation must be two full seasons a community based athletic activity and must address at least 3 of the 5 components of fitness (muscular strength, muscular endurance, cardiovascular exercise, flexibility, body composition).
- Student must have successfully completed 1.0 credit of Physical Education/Fitness prior to requesting a waiver for participation in community based directed athletics.
- The activity must be provided through a registered non-profit or for-profit organization under the instruction of a qualified adult coach/instructor. At the request of the school, participants may be required to provide documentation as evidence that the organization is registered and/or the instructor/coach is appropriately qualified by having successfully completed youth sports training/certification through the sponsoring organization.
- The student must provide registration verification in the form of a receipt for payment of registration or note on official letterhead.
- The organization must hold regularly scheduled practices and/or competitions/performances. Individual work-outs or drop-in sports do not qualify.
- The student must complete the duration of season (at least 90 hours). Students are required to keep track of their participation hours daily by completing the Activity Time Log (2410P Exhibit E.2).
- If a student is injured during the course of the activity and is unable to participate in at least 80% of the activities, the waiver will not be awarded.
- The student must register for an assessment that demonstrates proficiency in the knowledge portion of the fitness requirement, if Fit for Life not completed during 9th grade year.
- Participation in an activity must be during student's high school career (grades 9-12).

PROCESS FOR SUBMISSION:

1. Student informs the coach/instructor of the activity at the beginning of the first season for the activity that they are interested in seeking a waiver of 0.5 credit of high school PE for participation in a community based activity.
2. At the end of the 2nd season, the student requests that the coach/instructor verify they have met the requirements and sign the completed request form and activity log. The coach/instructor should refuse to sign the request if the student has not met the requirements.
3. The student registers, takes and meets proficiency on the assessment that measures the knowledge portion of the fitness requirement.
4. The student provides the completed form and activity log to the AD. The AD reviews the form, the activity log, and determines if all requirements have been met including proficiency on the fitness knowledge assessment. The AD will collect all the paperwork and provide it to the principal for final approval. Waiver is determined by the signature of the principal. The principal will forward complete requests to the registrar for posting.
5. The registrar will ensure the student's graduation requirements are updated to reflect the waived credit and family will receive a copy of the request form for verification.

Original: Registrar

Copy: Counselor

Copy: PE Department Head

Copy: Student/Family

Snoqualmie Valley School District Directed Athletics Activity Time Log

Student Legal Name: _____ Student's School: _____

Sport / Name of Organization: _____ Location(s) of Activity: _____

Directions: Log the number of hours that you participated in the athletic activity each day in the correct box.

Season One

Month / Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															

Total hours of participation: _____

Coach/Instructor Name: _____ Signature: _____ Date: _____

Season Two

Month / Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
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May																															
June																															
July																															

Total hours of participation: _____

Coach/Instructor Name: _____ Signature: _____ Date: _____