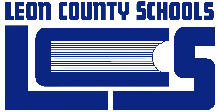
**District School Board of Leon County**

**Notification and Instructions for Physical Education Waiver**

**Interscholastic Sports**

(Revised 1/31/2018



Please read the following information to see if you qualify for waiver, prior to completing the waiver form.

**Interscholastic High School Extracurricular Sports:**

This waiver can only be used by performing student athletes who have participated in an interscholastic sport at the junior varsity or varsity level for two full seasons and shall satisfy the one credit requirement in physical education. No other extracurricular activities can be used in this waiver.

Interscholastic extracurricular sports are interpreted as those sanctioned by the School Board of Leon County and/or approved by the Florida High School Activities Association (FHSAA).

**Full Season:**

A full season (in the FHSAA sport) is defined as attendance and participation in both the practices and competitive events from the allowable first day of practice as designated by the FHSAA to the elimination of a team from the FHSAA tournament competition. A minimum of 95% attendance at both practices and events will be required to meet this requirement. The high school coach must verify that the student has met these guidelines through the Athletic Director. The waiver form must be signed by the Athletic Director.

**Steps Student Needs to Take In Completing the Waiver Process:**

1. Secure forms from the school counseling department.
2. Read instructions carefully to see if you qualify.
3. Complete Sections I and II.
4. Have parent/guardian complete and sign Section III.
5. Have Athletic Director complete Section IV. Please note that the Athletic Director cannot complete his/her section unless the first two sections are completed in full.
6. Return the completed waiver form to your school counselor to be reviewed for accuracy and to input waiver codes into academic transcripts.

**Attention Parents:**

Leon County Schools does not endorse the absence of Integrated Comprehensive Health Education or Physical Education for student athletes and encourages all students to participate in electives that build a well-rounded Comprehensive Health and Physical Education experience. Legislation removes the graduation requirement for athletes as described above. By executing this waiver you are acknowledging that your child will have little to no exposure to the statutory requirements of Comprehensive Health Education.

**Interscholastic Sports Physical Education High School Waiver Request Form**

(Revised 1/31/2018)

**Directions: Read all notifications carefully. Complete the form after the sport seasons have been successfully completed.**

# Section I

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_**

**School Counselor at time of submission of form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Junior Varsity or Varsity Sports Completed:**

**Full Season 1 Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Completed Season: \_\_\_\_\_\_\_\_\_\_\_**

**Full Season 2 Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Completed Season: \_\_\_\_\_\_\_\_\_\_\_**

**Student Statement of Understanding**

# Section II

* I understand that because I have participated for two full seasons in an interscholastic sport at the junior varsity or varsity level that I will not be required to take the one credit of physical education.
* I understand that sports participation does not prevent me from taking physical education, and that I may elect to take any physical education course, including HOPE or Personal Fitness and any approved Physical Education Elective for credit that will be applied to my GPA.
* I understand that I will not receive a grade or credit for the sport in which I participated. I will simply be granted a waiver for the physical education graduation requirement. I understand the waiver of the physical education course does not affect the number of credits required for graduation and I may need to replace this course with an elective to meet the credits required for high school graduation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(Student’s Name) (Please Print) (Student’s Signature) (Date)

**Parent Permission to Waive Health Integrated Physical Education Elective**

# Section III

* As a parent/legal guardian of the above named student, I understand and permit the school to waive the required one credit in Physical Education by participating in the 2 qualified full seasons of high school FHSAA sport.
* As a result of this waiver, I acknowledge my child will have little to no exposure to the statutory requirements of Physical Education and Health Education.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(Parent/legal guardian’s name) (Please print) (Parent/legal guardian’s signature) (Date)

**Coach/Administrator Verification**

# Section IV

* I confirm above student has completed active participation as defined on previous page of 2 full seasons of junior varsity or varsity seasons of the approved interscholastic sports listed in section I and verify the dates of completion are accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Athletic Director Signature) (Date)