

# ATHLETICS FOR PHYSICAL EDUCATION CONTRACT

Student Applicant \_\_\_\_\_  
Graduation Year \_\_\_\_\_  
Parent/Guardian of Applicant \_\_\_\_\_  
Parent/Guardian Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

## History of Sports Previously Played

	Fall	Winter	Spring
9 <sup>th</sup> Grade	_____	_____	_____
10 <sup>th</sup> Grade	_____	_____	_____
11 <sup>th</sup> Grade	_____	_____	_____

## Intended Sports Participation for Exemption (minimum of 2 sports)

Year	Fall	Winter	Spring
_____	_____	_____	_____

Student- Parent/Guardian: By signing below, I declare that I have read and agree to the terms provided in the Physical Education Exemption handbook.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Approval: Yes No \_\_\_\_\_

Matthew Librock, Director of HPEA